THE SATURDAY EVENING POST

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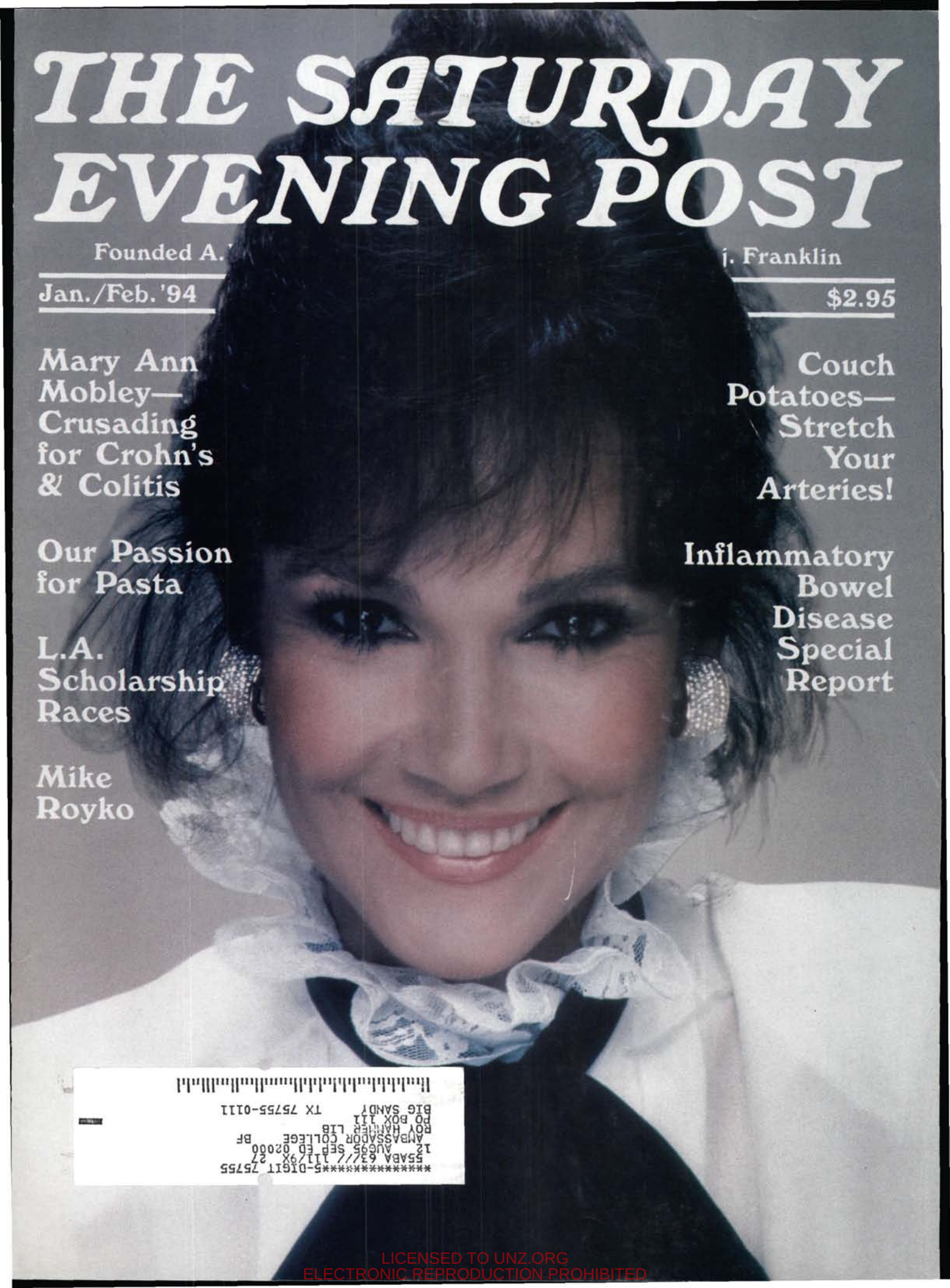
Couch Potatoes— Stretch Your Arteries!

Our Passion for Pasta

Inflammatory Bowel Disease Special Report

L.A. Scholarship Races

Mike Royko



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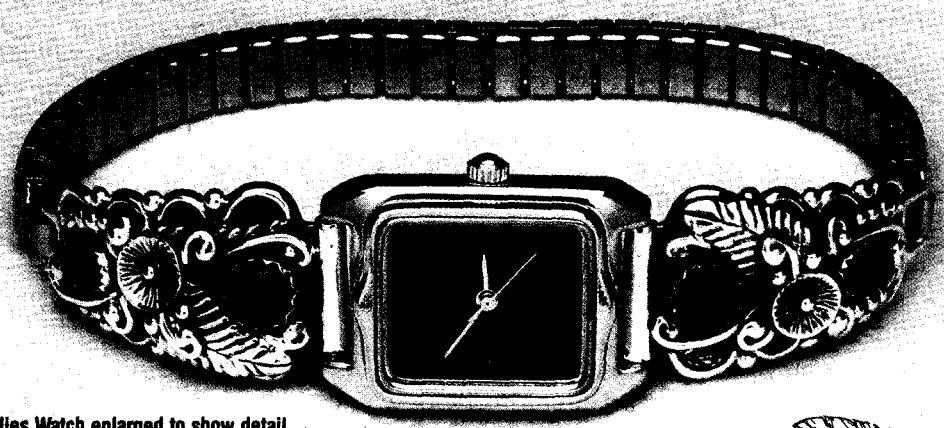

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Going Public with Crohn's—Mary Ann Mobley, former Miss America, talks about how she conquers IBD and her work with the Crohn's and Colitis Foundation. 34

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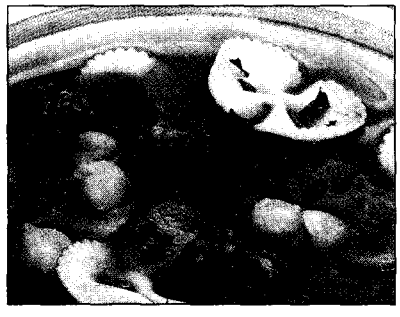

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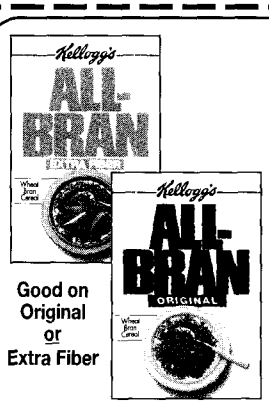

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Remembering Charlene—The brave Indiana girl who inspired others by her struggle to live with ulcerative colitis. 38

Kids in the Running—prove they can be somebody at L.A.'s Eric Schiffer Scholarship Races. 22

Let the Healthy Pay Doctor Bills—The new plan may not be such a bad idea, says the not-so-shipshape columnist Mike Royko. 30

Up in Smoke—a young cigar smoker not only quits smoking, but almost quits living—or so he thought. 62

Letters

The Wen-ing Touch

For over a year now, I have been reading Wen Smith's delightful musings that take us to task for sloppy and improper English usage. This wordsmith is witty while chiding us, like a jovial professor of English. It is the first article I look for in your magazine, which I have been reading at the library. Last week, I tore out the subscription card and sent it in so that I'll have my own copy to read.

So don't disappoint me—keep Wen at work producing those articles in each issue for many years to come!

Helen Bowen Hileman
Morro Bay, California

We, Too, for *US TOO*

It is with considerable interest that I have read Cynthia Walker's letter to the editor in the Jan./Feb. '93 issue of *The Saturday Evening Post.* I have recently been diagnosed as having prostate cancer, which has spread to the lymph nodes.

Is there such a thing as a prostate cancer newsletter? Or a prostate cancer "clearinghouse"?

David W. Lupton
Bayboro, North Carolina

Editor's note: Thank you for again giving us the opportunity to recommend US TOO, the international newsletter of the prostate cancer support group. This newsletter addresses treatment options, relevant medical advances, and personal considerations for those who have prostate cancer. For a free sample issue, write US TOO Newsletter, 11211 N. 84th Street, Scottsdale, AZ 85260.

We're All Ears

Several years ago, I saw an ad in a magazine for earplugs that really keep out noise. The earplugs I get at my pharmacy just don't do the job.

Do any of the readers know of this item? I'd appreciate the name and address of this company.

Thank you! I never miss your "Medical Mailbox" column.

L. Petro
Cleveland, Ohio

Fond of Falter

Whatever happened to John Falter, who used to do covers for *The Saturday Evening Post* back in the 1930s

EDITORIAL

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ART & PRODUCTION

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Chris Wilhoite, *Art Director*
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ADVERTISING OFFICES

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Bob Travers was named 1994 "Artist of the Year" by the Minnesota Deer Hunters Association, so we expect demand for "Winter Stag" to be very strong. Act now to avoid delay!

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Please reply promptly

SNP 13

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and early '40s? I liked him as well as Norman Rockwell at the time.

Did he die? I think he was from Kansas. Please let me hear from you.

P.S.: He did a Thanksgiving cover and a summer storm that was the best I ever saw. He was a great artist.

Louis B. Fulton
Metairie, Louisiana

Editor's note: John Falter died in 1982. Fortunately, before he died, he had an opportunity to visit the Hall of Fame here at The Saturday Evening Post, *where the public is invited to enjoy his original artwork. His hometown, Falls City, Nebraska, has erected a memorial in his honor.*

Our May/June 1991 issue featured a retrospective of some of his best Post *covers. Recent back issues are available from our archivist, Steve Pettinga.*

Guillain-Barré Syndrome Caught from a Cold

I recently picked up a copy of the July/Aug. '93 issue of your magazine in my doctor's office, drawn to it by the words on the cover, "Medical Mystery: Guillain-Barré Syndrome." When I read the concluding episode of the story, "Mommy, Why Don't You Hug Me?" by Dr. Lawrence Martin, I was taken back to 27 years ago, when my husband died of that dread illness.

He developed Guillain-Barré as the result of a bad cold. Total paralysis set in within a day or two, and he was hospitalized. We called in Dr. Morris Bender of Mount Sinai Hospital in New York, who was considered to be the neurological expert in this field, and we were told that aside from the respirator, there was no treatment. This was a self-determining and self-limiting illness. He would either recover or die.

He was in ICU at Long Island Jewish Medical Center, where he was fed intravenously. Saliva was suctioned out from time to time, and he was turned periodically. The only movement was of his facial muscles, so we communicated by my going through the alphabet and him raising his eyebrows when I came to the right letter. He was a strong, vigorous, and loving 46-year-old man, but he was dead in eight days, and to this day, my children have never been able to fully understand how their dad could "die from a cold." It made it very hard for them to accept.

Dr. Martin's story is so well told that I think they will finally comprehend what happened when they read it.

Adeline Silverman
Sarasota, Florida

Another Maynard Fan

I like *The Saturday Evening Post* and find it very worthwhile and interesting. I also send it as a gift. I especially like Maynard Good Stoddard and, should you ever decide to put all his articles in a book, I will surely buy it. I think it could be sold as "medicine" for depressed or ill patients.

Virginia S. Morrison
Falls Church, Virginia

Raves for the Raven Man

Having only recently returned from England, where we visited the Tower of London, we were delighted to see your article on the Tower and, especially, Beefeater David Cope. While at the Tower, we were fortunate to visit briefly with Mr. Cope, evidence of which is provided by the accompanying photo (I asked!). Responding to my request to take his photo, he gestured toward my wife, Lois, and said, "Certainly, but wouldn't you like your daughter in the picture?" Mr. Cope is every bit as charming and affable as your article portrays.

Edward E. Wells
Deephaven, Minnesota

Lehrer-ning Something New

Jim Lehrer's commencement commentary, page 80, in the Nov./Dec.'93 issue was a waste of your space and my time.

As an elder war-horse, he chose to softly sputter little nothings to graduating journalists. To paraphrase him: "You would not listen to me if I did have something to say. And if you wanted to listen to me, what could I say that would help you?"

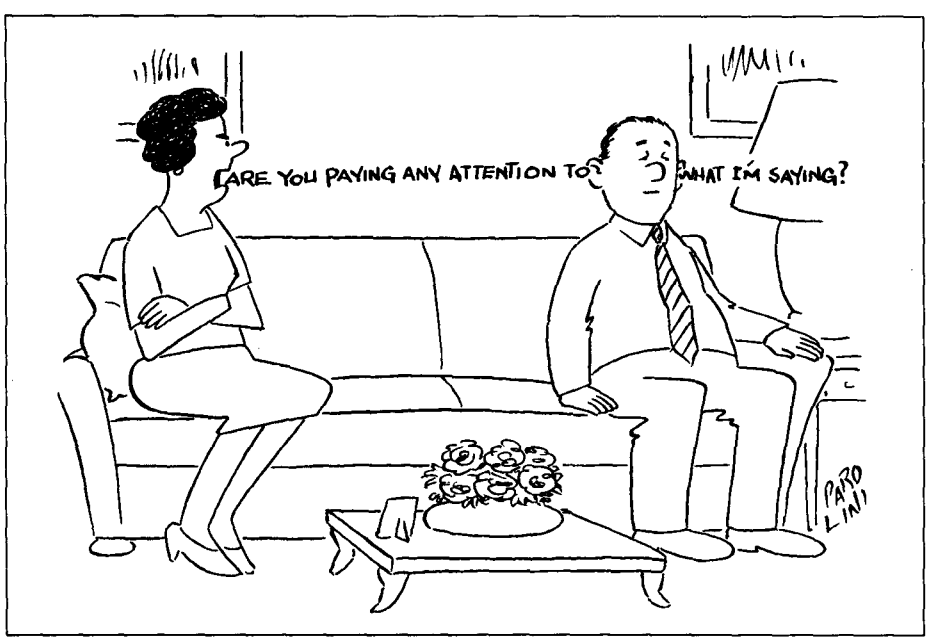
Congratulations, however, on your headline. It trapped me.

C. K. Avey
Merritt Island, Florida

Hooray for "Hazel"

Today I ran across *The Saturday Evening Post* for the first time in many years and sweet memories flooded back.

My grandmother was a faithful subscriber. Between her gentle guidance and the *Post*'s cartoons, I learned to



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read before I started school. "Hazel," particularly, made me giggle. As a four-year-old, I felt very grown-up sharing Grandmother's magazine.

I'm pleased to see you still have great cartoons that made learning painless and so much fun for this child 40 years ago.

Deborah Burke
Kalispell, Montana

Wants "Forgiven"

In your July/August '93 edition, you ran an article about an artist—Thomas Blackshear. The article featured a painting, titled "Forgiven." How might I acquire a copy of this painting? Do you know a mail order method by which I could purchase "Forgiven," or a store within my geographical area that would carry it, or perhaps the address of the artist himself?

Thank you for your time in reading my letter, considering my request, and any suggestions that might follow.

Tony C. Beasley
Hillsville, Virginia

Editor's note: To obtain reproductions of Thomas Blackshear's "Forgiven," contact either Kay Emery or Rebecca Fulton at Outreach Publications, P.O. Box 1010, Siloam Springs, AR 72761, or call 501-524-9301.

More Kudos for Clymer

I so remember John Clymer's *Post* covers. So many were of the landscape around Ellensburg and Cle Elum, which I love, too. I always enjoy driving to Seattle because of this beauty.

A friend and I recently visited the Clymer Museum in Ellensberg and enjoyed it very much. It's quite a lovely little museum.

Thank you for printing his widow's picture.

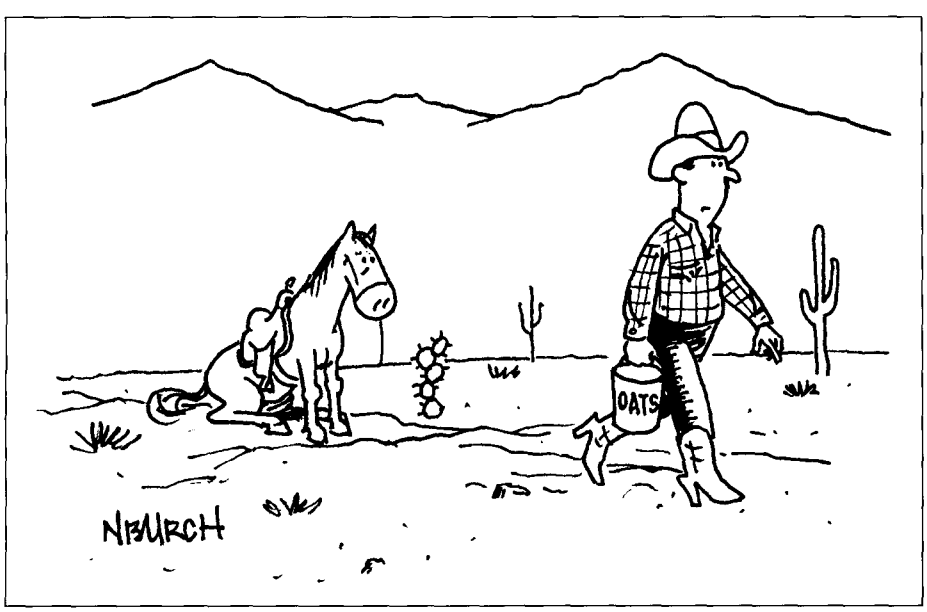
Shirley Boone
Yakima, Washington

Old Goat

Your Nov./Dec. '93 issue published several past covers of the football season. One was the Navy Midshipmen and the Navy Goat. Several years ago, I found an old copy of that very issue

in an antique shop. Since my brother-in-law is a graduate of the Naval Academy, I bought the issue and decoupaged the cover onto a plaque, then gave it to him as a Christmas present. He tells everyone his crazy sister-in-law gave it to him when they ask. Thanks for reminding me of the one perfect gift for him.

Jo Jackson
Dothan, Alabama



Precious Information

In the Nov./Dec. '93 *SatEvePost*, I really enjoyed the article by Janet Hughes about the "Precious Moments" figurines.

On page 86, there is a detailed description of the Precious Moments chapel that Sam Butcher built near Carthage, but fails to mention that this is Carthage, Missouri!

Having visited the chapel and being deeply impressed with Mr. Butcher's artwork there, I'm sure your readers would want to know its exact location.

Mrs. D.E. Hoopes
Boonville, Missouri

NORD Address

Do you have the address for the National Organization for Rare Diseases (NORD)?

I recently saw a reference to it in a letter to a national women's magazine.

Roxana Blackmore
Schenectady, New York

Editor's note: This organization, also known as the National Organization for Rare Disorders, is located at P.O. Box 8923, New Fairfield, CT 06812 (or call 203-746-6518).

Reading Well in a Sick World

I have felt for a long time that I should write and compliment you on your magazine. Two friends for whom I subscribed to the *Post* both tell me how much they have enjoyed it, but of course, unless I pass it on, you will have no way of knowing that.

I enjoy Maynard Good Stoddard and lots of articles. I enjoyed Henry David Thoreau's essay on sauntering. I am a saunterer and needed a little bolstering in this day of speed walking and jogging. How can anyone see God's great gifts by going like that?

And I especially thank you for the many cartoons—funny ones, not sick ones as in some magazines. I cut all of them out and send them to people who are distressed with illness and troubles. They always mention the cartoons did them a lot of good.

Your articles by Norman Cousins converted me. I love them—a good laugh in a sick world. I sent them to my great-niece, who was putting up a good struggle against cancer for three years. She died on October 22, a young mother who left three little children and a devastated husband. She loved the cartoons, and I asked if they

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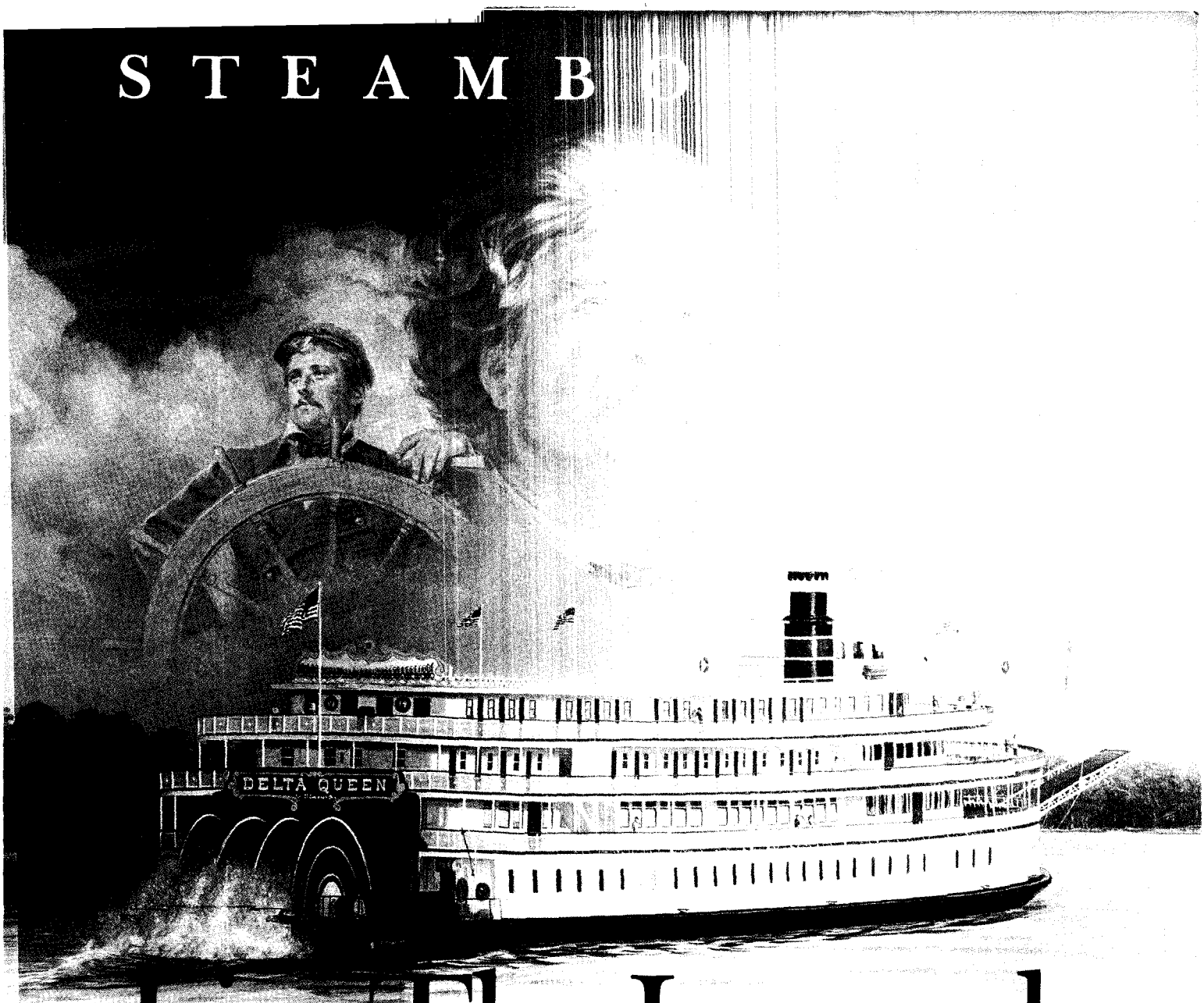

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made her laugh. She said, "Of course; anyone would."

I also send them to a man without legs who has been depressed in a veterans home. His friend always says how much he enjoys the cartoons. Thank you.

Rose M. Nyman
Seattle, Washington

Snuff Out the Cigarette Tax

I read your Sept./Oct. '93 editorial by John N. Pittman, M.D., about a cigarette tax that would benefit smokers only.

I disagree. I don't think you should heavily tax tobacco. I think the people who use tobacco products should have higher insurance rates, charged directly by their insurance companies. This way, their insurance companies will have the money to pay for the bills that are caused by tobacco products.

Theresa Day
Cold Brook, New York

Keeping a Sharp Eye

Your answer to Mrs. D.A. Jackson's question about macular degeneration in the July/August '93 edition of *The Saturday Evening Post* was very interesting (page 94). I did, however, notice one important error that would cause people to misinterpret the use of the Amsler grid. You did not mention viewing this grid one eye at a time. Having macular degeneration myself (right eye), the chart appears perfect with both eyes in use. My left eye covered reveals the problem: a much-distorted grid with a blind spot in the center.

I think your readers should be informed of this error so as to properly diagnose this condition, if indeed they have it.

James E. McDaniels
Garden Grove, California

Editor's note: You're right. We stand corrected.

Itching for an Answer

I've not read or heard of anyone with a problem like mine, and I wondered if you could help me.

My problem is a constant and incessant itching on my face and scalp that never lets up. It's not a recent ailment, either, as it's been going on for over a year now, and I'm at my wit's end trying to find out what to do.

It's not an ordinary, run-of-the-mill itch; it's deep-seated and sometimes starts with a stinging sensation. I know it's not caused by anything I use externally, although I've tried several anti-itch shampoos and different creams and lotions on my face. Nothing helps. Sometimes, other parts of the body itch, but it's mainly on my face and scalp.

Even the insides of my ears, eyes, and nose itch. It's quite maddening.

There's no dermatologist located in Madison, or I would consult one.

Thanks for reading my letter. I subscribe to *The Saturday Evening Post.*

Ruth Steppe
Madison, Indiana

Editor's note: We sent your letter to Dr. William Hanke, professor of dermatology and pathology at the Indiana University Medical Center. He responds:

"Itching has many causes, including systemic diseases (i.e., cirrhosis, iron deficiency, kidney disease, and thyroid disease) and local skin disorders (i.e., mild atopic dermatitis, dry skin, and mite infestations). It would be important for you to have a detailed history and physical examination by a dermatologist. It makes no sense to suffer further without consulting an expert. There are excellent dermatologists in nearby cities, including Vincennes, Evansville, and Louisville."

C. William Hanke, M.D., F.A.C.P.
Professor of Dermatology
Professor of Pathology
Indiana University Medical Center
Indianapolis, Indiana

"I didn't know there really was such a thing as the 'Good Old Boy Network.'"

Tapping into One of the Greats

As a long-time reader of your magazine, I want to say, "Great job." In the Sept./Oct. '93 issue, there was an article in "Post People" about Donald O'Connor. In the article, you mentioned that he has a videotape out, *Let's Tap.* I would like to know where I can get that videotape. I have checked several places around my area, and no one has heard of it.

My grandson is into tap dancing, and I would like to get it for him. After seeing Donald O'Connor dance up the wall in *Singing In The Rain,* he has decided he wants to do that someday.

Please, if you can, put me in touch with the distributor, or someone from whom I can purchase this video.

Mrs. C. W. Ball
Hudson, Ohio

Editor's note: You can order Donald O'Connor's video, Let's Tap, *by calling: 1-800-ASK-4-TAP.*

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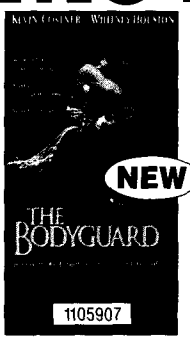

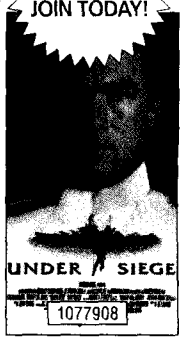

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Is your problem. . .

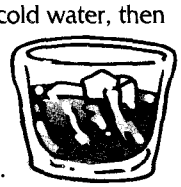
Spots & Stains

When you least expect it, a spot or stain will need attention, but what should you do? This chart should help. We compiled these helpful hints using our products, **BAR KEEPERS FRIEND**® Cleanser and **JUST 'N TIME**® Stain Remover, and many "tried and true" household remedies. Clip out this chart and save it. It may save you from an ugly stain.

We hope you will find these hints helpful, when needed in an emergency, but always remember to test a small hidden area of fabric first with the cleaning product to make sure fabric or material will not be permanently stained or damaged.

ACID STAINS: Rinse with water immediately. Then apply ammonia (to neutralize acid) and rinse again with water. If fabric changes color, apply white vinegar and rinse with water.

ALCOHOLIC BEVERAGE: Sponge with cold water, then glycerine and water. Before laundering, rinse with vinegar water.



BLOOD: soak in cold water for approximately a half hour. If stain remains, use JUST 'N TIME Stain Remover or soak in lukewarm ammonia water (3 tablespoons of household ammonia per gallon of water). On thick fabrics, spread stain with paste of cornstarch and water. Let dry and brush off.

BRASS TARNISH: Clean and polish with BAR KEEPERS FRIEND Cleanser and Polish. Makes your antique brass articles glisten and gleam like new. Do not use on lacquered surfaces.

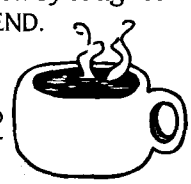
CERAMIC SMOOTH-TOP RANGES: Use trusted, mild-abrasive BAR KEEPERS FRIEND to remove pot marks, food spills, coffee and tea stains.

CHOCOLATE (also cocoa and candy): Rub JUST 'N TIME into fabric and wash out with clear water. Then launder.

CHEWING GUM: Put article in plastic bag and place in freezer. Gum will come off with a flick of the finger. On washable fabrics, soften gum with egg white and launder.

CHROME (faucets, bumpers, grills, whistles, musical instruments): Shine and polish better than new by using BAR KEEPERS FRIEND.

COFFEE: Apply and massage into material JUST 'N TIME. Repeat if necessary. Then work in soap or detergent and rinse thoroughly.



COPPER: Use BAR KEEPERS FRIEND to renew the finish on your copper-bottomed cookware. Works quickly and effectively, without hard scouring.

CRAYONS: Loosen stain with kitchen shortening. Apply detergent, working until outline of stain is removed. Launder. On silk or wool, use JUST 'N TIME Stain Remover.

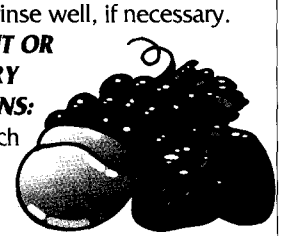
DISHWASHER FILM: Add 3 tablespoons of BAR KEEPERS FRIEND to your regular washing cycle.

DINGINESS OF FABRICS: Use 3 tablespoons of BAR KEEPERS FRIEND in your washing machine (BAR KEEPERS FRIEND contains no phosphates and dissolves grease and dirt). Do not use with bleach.

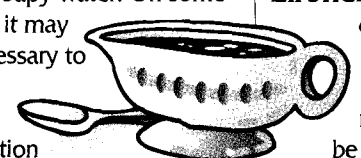
EGG: Sponge with cold water. If stain remains, work in a soap or detergent.

EYEBROW PENCIL OR EYE SHADOW: Rub in JUST 'N TIME. Then if stain remains, repeat if necessary. Then use undiluted detergent or soap and rinse well, if necessary.

FRUIT OR BERRY STAINS: Stretch cloth over bowl and pour boiling water through it. If stain persists, sponge with lemon solution. Never use soap and water on fresh fruit stains.



GRAVY/MEAT JUICE (greasy stains): Apply JUST 'N TIME Stain Remover. Launder in warm soapy water. On some fabrics, it may be necessary to repeat the application of JUST 'N TIME. Then launder or dry clean as necessary.

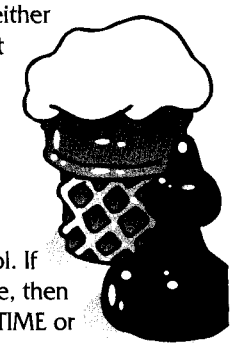


GRASS STAINS: Work JUST 'N TIME into stains. Apply generously and massage with fingers to generate foam. Then lift soiled foam, blot, and allow to dry. Repeat as needed.

HONEY (syrup): Sponge with cool water or soak in cool water for 30 minutes. If trace remains, work in soap or detergent and rinse thoroughly.

HARD-WATER STAINS: Use BAR KEEPERS FRIEND to remove mineral deposits left in tubs, sinks, shower stalls, toilet bowls, etc.

ICE CREAM: Sponge in cold water. Apply either mild detergent solution or vinegar water.



INK: Spray liberally with hairspray or saturate with rubbing alcohol. If washable, rinse, then apply JUST 'N TIME or launder.

KETCHUP: On washable articles, sponge with cool water and let sit 30 minutes. Work in JUST 'N TIME and rinse.

LIPSTICK: Loosen stain with cold cream or glycerine. Wash as usual. If necessary, rubbing alcohol may be used, if safe for fabric.

LIQUID MAKEUP: Dampen stain. Apply undiluted liquid detergent. Work in and rinse well. Repeat if necessary.

MILDEW: Add 1/2 cup liquid Lysol to wash water in

PLEASE NOTE: The makers of BAR KEEPERS FRIEND cannot be responsible for any damage to any fabric or material from the use of the stain-removal statements in this cha

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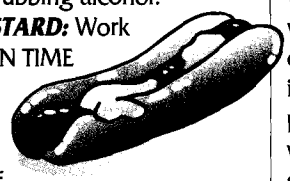
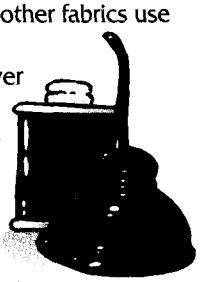
washing machine. On leather, sponge with 50% water and 50% rubbing alcohol.



MUSTARD: Work JUST 'N TIME into stain. Launder. If stain persists, sponge with rubbing alcohol.

MILK: Launder washable fabrics with plenty of soap. Repeat, if necessary. Non-washable fabric sponge with cold water. If grease stain persists, use cleaning fluid.

NAIL POLISH: If fabric is synthetic (acetate or polyester) sponge with amyl acetate. On other fabrics use acetone.

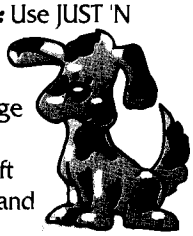


OIL (cod liver oil, linseed oil, machine oil, vegetable oil): Rub soap or detergent into stain and rinse with warm water. Or sponge with cleaning fluid.

OXIDATION (of chrome, copper, stainless steel, etc.): BAR KEEPERS FRIEND effectively cleans and polishes all oxidized metal surfaces without hard scrubbing.

PAINT: Treat immediately. No one method will remove all stains. For fresh stains, massage JUST 'N TIME into materials. If stain remains, sponge with turpentine. While stain is still wet with turpentine, work soap or detergent into stain, put in hot water and soak overnight. Then wash again.

PET STAINS: Use JUST 'N TIME Stain Remover on stain. Massage to generate foam; then lift soiled foam and blot.



RUST (on almost anything): Use BAR KEEPERS FRIEND to remove rust stains from fabrics as well as from sinks, bathtubs, tools, toys, hardware, and other household items.

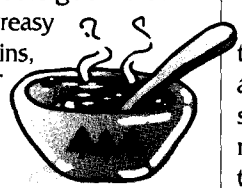
SOFT DRINKS: Sponge immediately with cool water. If persistent, apply JUST 'N TIME.

SCORCH: If light, wash with soap or detergent or wash with a small amount of chlorine bleach added to wash water. For heavier scorching, cover stain with cloth dampened with hydrogen peroxide. Cover with dry cloth and press with iron. Rinse.

SHOE POLISH: Apply undiluted liquid detergent. Rinse. If necessary, sponge with diluted rubbing alcohol (30% solution).

SHELLAC: Sponge stain with alcohol, or soak in alcohol. Dilute alcohol with 2 parts water for use on synthetics.

SOUP: Sponge with cool water. If stain remains, work in soap or detergent. Allow to dry. If greasy stain remains, apply JUST 'N TIME. If colored stain remains after the fabric dries, use chlorine bleach. Always test fabrics for color fastness first.



STAINLESS STEEL: Use BAR KEEPERS FRIEND to remove rust stains, pot and pan marks and fruit and vegetable stains from your stainless steel sinks. On brushed stainless steel polish in direction of brush marks.

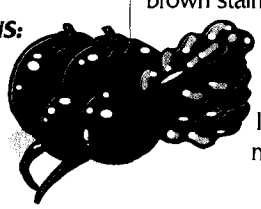
TAR: Scrape off as much as possible. Rub stain with petroleum jelly. Then apply JUST 'N TIME generously. Massage to generate foam. Wash in warm, soapy water. Rinse.

TARNISH: See oxidation.

TOMATO: Sponge with cold water. Work glycerine into stain and let stand half hour. Sponge with soap and water.

VARNISH: Same as "Paint" above.

VEGETABLE STAINS: Use JUST 'N TIME Stain Remover. On washable articles, sponge with cool water and let sit 30 minutes. Then work in detergent and rinse.



VOMIT: Sponge or soak in a solution of two quarts of cold water with half cup of salt. Rinse in clear water and wash with warm soapsuds.

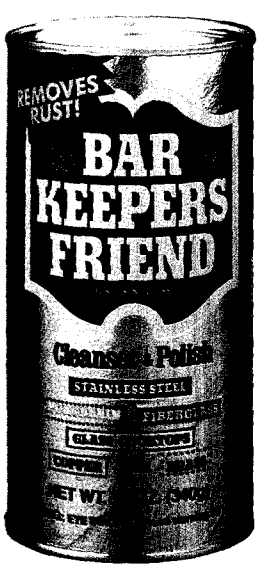
WALNUT STAIN: Very difficult to remove. Boil washable articles in soap or detergent solution for fresh stains. If stain remains, use chlorine bleach treatment.

WAX (candle): Scrape off as much as possible. Place fabric between two paper towels and press with warm iron. Sponge final traces of oily stain with denatured alcohol and water (1 part alcohol, 2 parts water).

WAX (car, floor, furniture): Rub with soap or detergent and rinse with warm water. On some wash/wear fabrics it may be necessary to let stand for several hours before rinsing, then launder as usual. Sometimes you may need to use turpentine.

WINE: Apply JUST 'N TIME generously. Massage with fingers to create foam. Lift off soiled foam, blot.

YELLOWING (fabric): For general overall yellowing, add 3 tablespoons BAR KEEPERS FRIEND to your regular wash. For localized unknown yellow-brown stains, make a paste of BAR KEEPERS FRIEND and water, apply to stain and let stand a few moments. Launder.



If you have additional questions on spots or stains or where you can purchase ***BAR KEEPERS FRIEND*** *and* ***JUST 'N TIME,*** *please call:*

1-800-433-5818.

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PREPOSITIONAL HUMBUG

It's the sort of humbug up with which Winston Churchill wouldn't put. Neither should we.

by Wen Smith

Illustrated by Don Trawin

Most writers keep a journal, or say they do, to capture those fleeting impressions that might otherwise be gone with the wind. Last week I made a New Year's resolution to try.

On Wednesday afternoon, I started by jotting a list of things my journal would be for: "Descriptions of people I talk to, colors of things I look at, details of situations I get into, great ideas I come up with, anything else I might otherwise forget about." Proudly I showed the list to my wife.

"Forget about it," she said.

Ordinarily she doesn't discourage my projects, so I was more curious than downcast.

"What's wrong with keeping a journal?" I asked.

"It's affecting your grammar," she said. "Everything here ends with a preposition."

Snatching the list back, I saw she was right.

"So what?" I asked. "That rule about not ending a sentence with a preposition is an old . . . ."

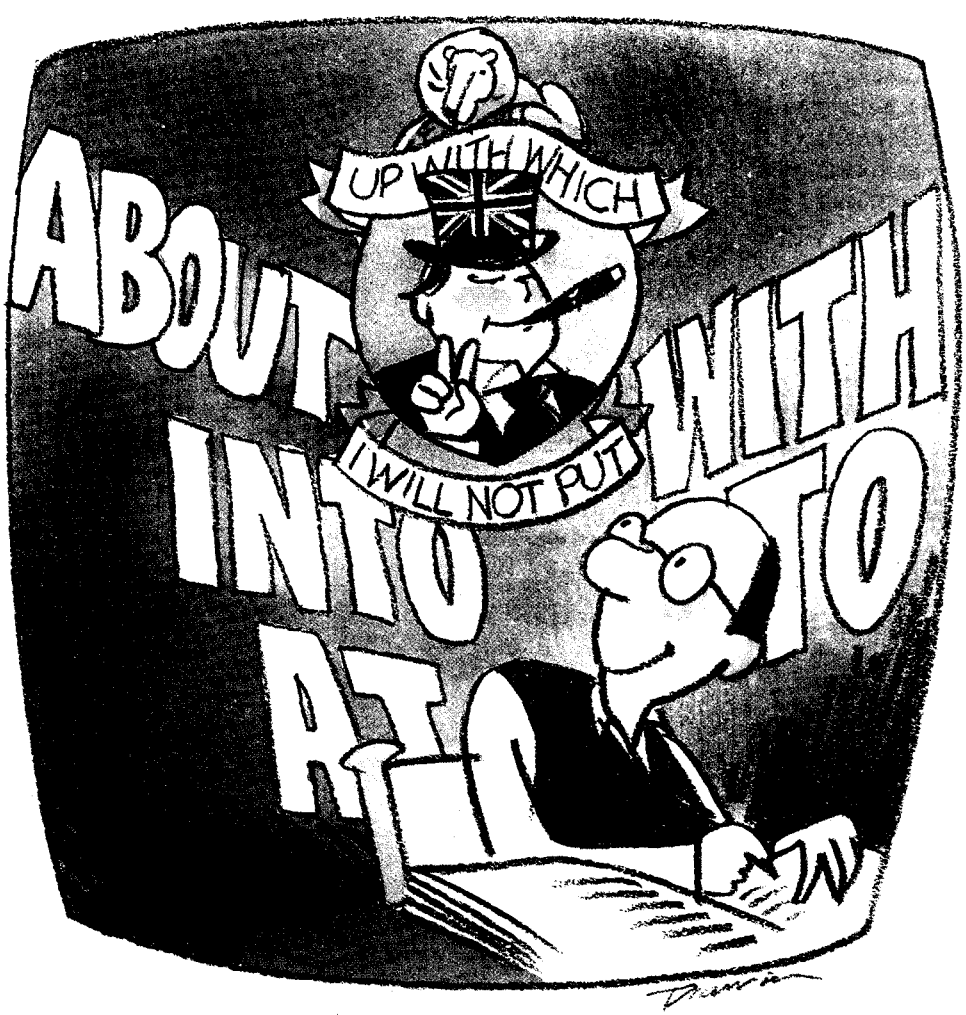
I paused, casting about for something to replace "old wives' tale."

"It's a tale told by an . . . ."

I cast about again; at this moment *idiot* would not do.

"It's humbug!"

I puffed up a little, sure that I had just enlisted Chaucer, Shakespeare, and Dickens on my side. It's a good feeling to have a stock of literary quotations to fall back on when you're in trouble.



"End your sentences with prepositions," she said, "and you'll get hundreds of complaints."

"What if I do? I'm with Winston Churchill: That old rule is the sort of humbug up with which I will not put. Anyway, it applies only to useless prepositions. If you say 'Where's my purse *at*,' you waste the *at*."

"Shallow argument," my wife said. "I still think your list should have prepositions in the right places. Why don't you rewrite and see?"

Her challenge was easy enough. I took the list back to the wordshop, and in ten minutes I pre-positioned all the prepositions, putting *to, at, into, with,* and *about* before the things they referred to—I mean, before the things to which they referred. I took the revision back to the critic I had shown the original to—that is, to whom I had shown the original.

My wife whispered as she read, apparently to savor the sounds: "People *to whom* I talk, things *at which* I look, situations *into which* I get, ideas *up with which* I come, and anything else *about which* I might otherwise forget."

"Too *whichy*," she said. "I liked it better the way it was."

"Thanks," I said. "So did I. Whenever I stick in a *which*, I know I'll have to pay a syntax in the end. Anyway, I always break a rule, humbug or not, if it louses up a cadence."

She admitted cadences are more important than rules.

"Besides," I said, "I think whether I end a sentence with a preposition should depend on to whom I am talking—I mean, should depend on whom I'm talking to."

"I guess you're right," she said. "Maybe that rule about putting a preposition at the end is nothing but an old wives' tale."

She had said it; I hadn't. I was glad she saw where I was coming from.

I went back to the wordshop, but my New Year's resolve had dissolved, and I knew I'd never start that journal. My fleeting ideas usually deserve their fate. And what if all the talking to, looking at, getting into, coming up with, and not forgetting about turned out not worth the paper I wrote it down on? What would I need a journal that I'd get so little out of for?

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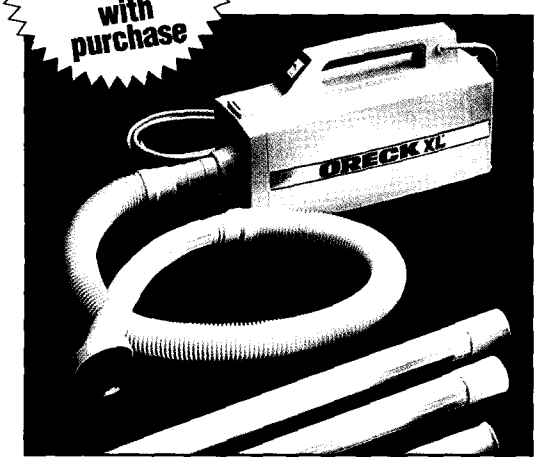

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HEARTBEAT

The Healthy Heart Report

BUILDING BETTER ARTERIES

Endurance training can double dilating capacity.

by Carol Krucoff

Illustrated by Don Trawin

The coronary arteries of long-distance runners can dilate to about twice the size of similar arteries in sedentary men, California scientists report in a significant study of endurance athletes.

All previous research showing that exercise strengthens the heart has been done on animals or in autopsies, notes Stanford University Professor of Medicine William Haskell, Ph.D., whose findings appeared in the April 1993 issue of the American Heart Association's scientific journal, *Circulation*. But the increased safety and acceptability of heart-imaging technology enabled Stanford investigators to expose healthy runners to coronary arteriography. In this procedure, a small catheter is inserted into a leg artery and threaded through the aorta into the coronary arteries that supply blood directly to the heart. A dye, or "contrast agent," is then injected, making these arteries visible in x-rays.

Long-distance runners and moderate exercisers are in step with today's research, linking exercise to healthier hearts and longer living.

When measured at rest, the runners' coronary arteries were only "slightly larger" than those of the inactive men, notes fellow Stanford Professor of Medicine Edwin L. Alderman, M.D., a study coauthor. But when given nitroglycerin, which expands arteries in a manner similar to exercise, the runners demonstrated a dilating capacity about twice that of sedentary men.

"The runners have a tremendous capacity for increasing blood flow to their hearts," notes Dr. Haskell. "While we can't separate out how much of this is due to genetics and how much is a result of the runner's lifestyle, my sense is that it's at least as much due to lifestyle as genetics."

Dr. Haskell plans future studies to determine how much exercise is necessary to produce these changes and to see if people with coronary disease also can use endurance training to boost their arteries' dilating capacity. If an artery clogged with fatty deposits can be trained to widen in response to stress, he says, "this ability to increase blood flow to the heart can be critical."

But just because long-distance runners have "ultrafit" arteries doesn't mean marathons are the only route to better health, notes Dr. Steven N. Blair, director of epidemiology at the Cooper Institute for Aerobics Research in Dallas. Although highly fit people have the lowest risk of death from all causes, Dr. Blair says, "Our data show that the biggest difference in risk occurs between the sedentary population

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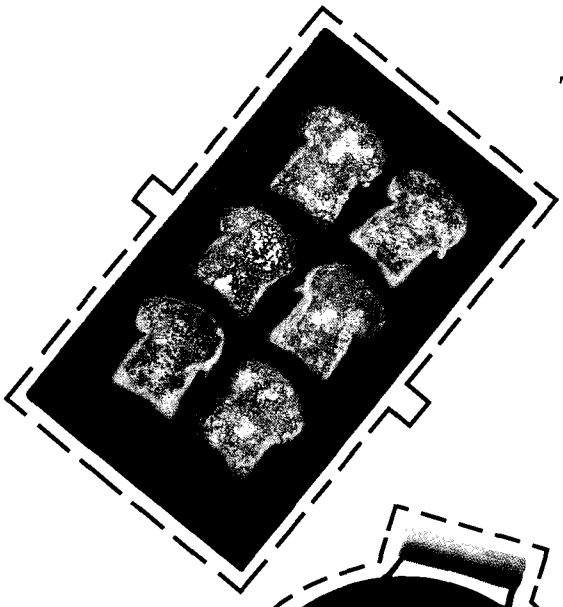

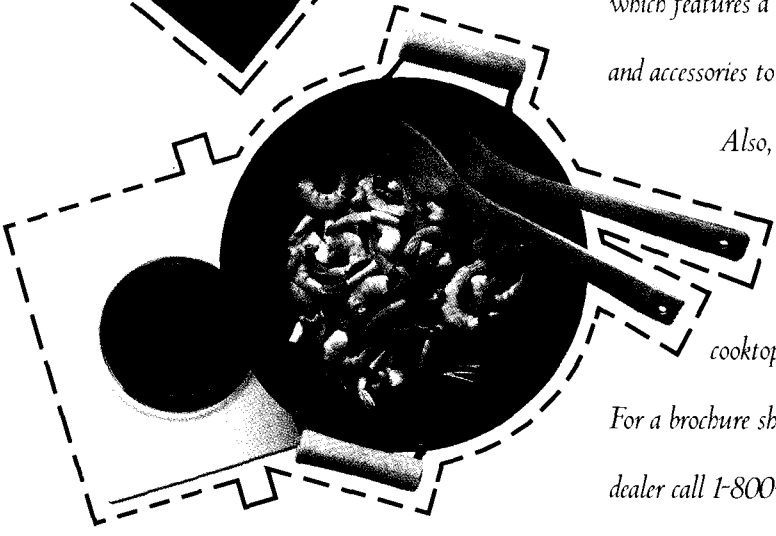

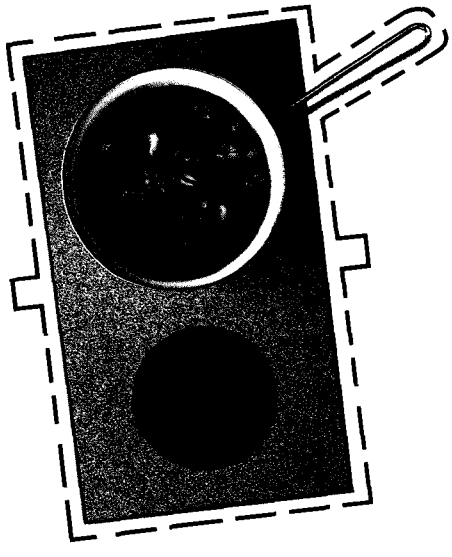

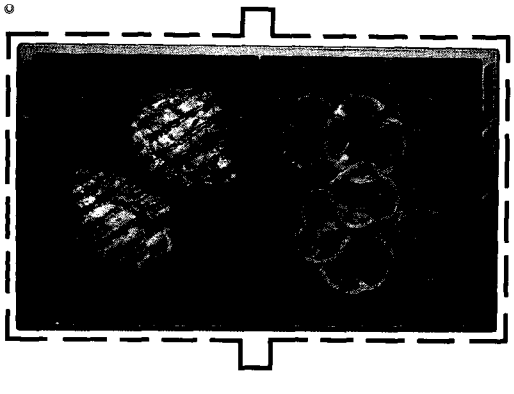

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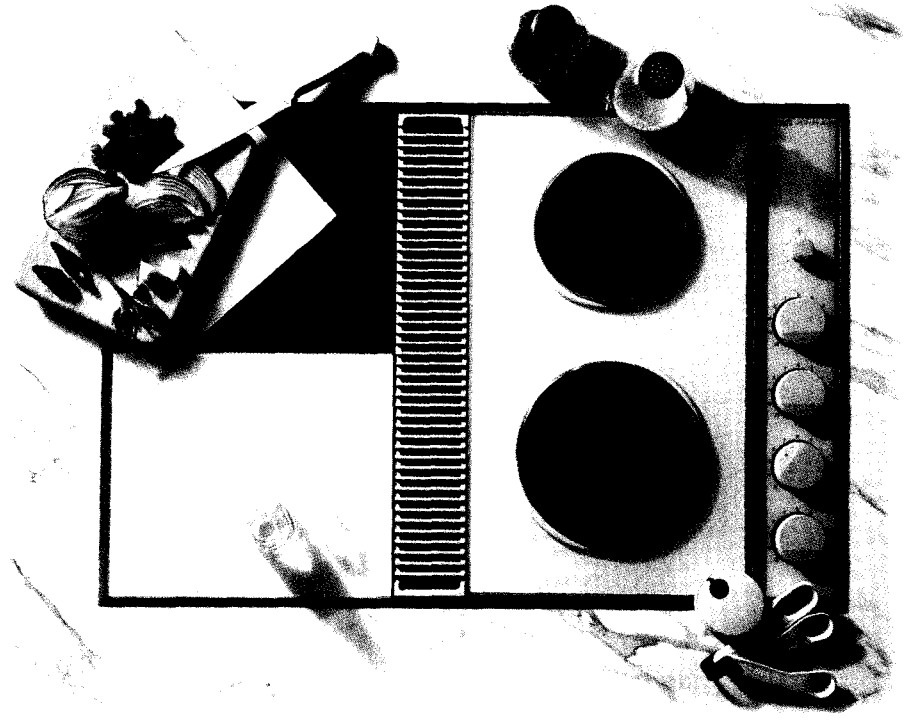

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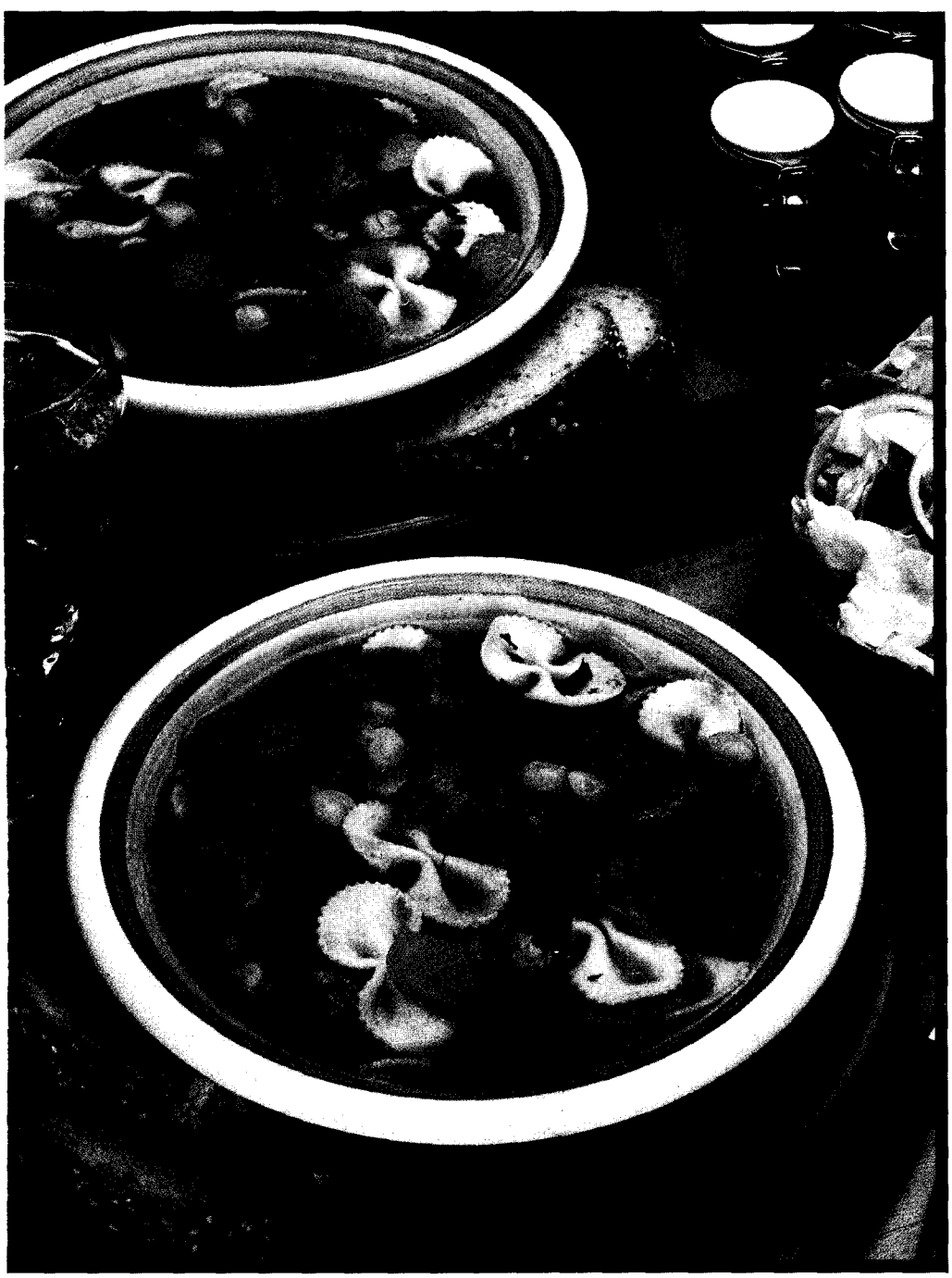
FOOD

Our Passion For PASTA

Americans now know what Italians and others have known for centuries—pasta is cheap, chic, and healthy.

by Henry J. Pratt



Herbed Meatball Minestrone

Years ago, after she came to Hollywood and became an international film star, Sophia Loren gave the media her most sultry glance one day and reportedly said, "All you see, I owe to pasta."

Well, maybe nobody can vouch 100 percent for the screen siren's remark, but there is considerable evidence that health-faddish men and women around the world have taken pasta to their hearts and stomachs. In the 1990s, we seem convinced that pasta will help fill our gustatory needs without bulging our hips and waists.

Direct from the National Pasta Association in Arlington, Virginia, comes word that pasta consumption in the United States per capita is approaching 19 pounds a year (precooked weight). That figure is up from about 11 pounds in 1975 and is predicted to reach 30 pounds annually by the year 2000. Any way you figure, that's a lot of rings, strings, stars, elbows, twists, spaghetti, noodles, and macaroni.

America's passion for pasta is not to be compared yet with Italy's 55 pounds per capita yearly, but we're closing in. Our current consumption level nearly puts U.S. consumers on a par with such pasta lovers as Argentines, Tunisians, Spaniards, and Venezuelans, all of whom currently eat an estimated 26.4 pounds of pasta per person each year.

What's even more surprising, Italy is now importing pasta from the United States. Casa di Risparmio di Parma, a tiny, family-owned gourmet shop in Parma, Italy, sells nothing but pasta and bread. It stocks roughly 50 brands of pasta, and a big seller is Pasta LaBella, made in a high-tech $50 million plant in Missouri.

When searching out facts about pasta, we find that Americans now know what Italians and others have known for centuries—pasta is cheap, chic, and healthy. Pasta is also easy to store, quick and simple to prepare, infinitely variable in size and shape, and—the bottom line—nonfattening. What more could you ask for in U.S. restaurants, or on your own dining table?

Moreover, pasta is at least as protein-rich as other staples, such as potatoes, rice, or bread. Dietitians note that a generous portion of pasta, without sauce, contains about 220 calories. Top-quality pasta also has 10 percent of the recommended daily allowance of protein, 30 percent of thiamine, 10

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percent of riboflavin, 15 percent of niacin, and 10 percent of iron.

Calories, we all know, come higher with fancy sauces. A nice dollop of butter to one pasta serving adds about 75, a sprinkling of cheese another 60. For rigid calorie counters, there are a host of nonfattening sauces of tomato, mushroom, and onion.

Benito Mussolini, who wanted his people lean, mean, and combat-ready, enjoyed eating pizza in the piazza. Then he went home and helped himself to a heaping plate of pasta, almost as a dessert.

Much of what the world thinks it knows about pasta is at least half baloney. Chief among the pasta myths is that Marco Polo brought it home to Italy from China. However, it is true that the Chinese were seen eating something like pasta in 1700 B.C. Pasta fact finders also maintain that Marco Polo saw the natives eating something that looked like noodles back home.

Nevertheless, pasta-origin myths are too appealing to die. The 1938 film *The Adventures of Marco Polo* even had Gary Cooper as the famed explorer pointing to a dish and asking his Chinese host what it was. "In our language," Cooper solemnly declared, "we call it spaghet."

The Arabs are thought to be among the earliest pasta eaters. Traders from Arabia packed dried pasta on long journeys over the famed "Silk Road" to China. Other groups, including Italians and Greeks, also can point to pasta as a feature in their earliest traditional diets.

According to the National Pasta Association, one of the first American pasta aficionados was Thomas Jefferson, who fell in love with the food during a trip abroad in 1789. When he returned home, he had a pasta-making machine shipped to his Virginia home.

For the Greeks, pasta was *marcus*, or "divine food." Greek mythology says the god Vulcan invented a wood and metal device that transformed a mass of semolina into strings of spaghetti. Ceres, goddess of agriculture, reportedly stole the pasta secret and bestowed it on the Neapolitans.

The Italians may have the Germans to thank for the word "macaroni." German merchants in yesteryear made pit stops in Genoa ports and sold the Italians large dough figures in the shapes of stars, swords, and seashells. However, the word "noodle" seems indigenous to Germany, as any noodle-smart historian will tell you.

Surprisingly, the fascinating history of pasta doesn't include tomatoes until long after the Spanish explorer Hernando Cortés conquered Mexico in 1519 and later brought back to Europe the yellow cherry tomato. Two more centuries elapsed before the Italians developed the large red tomato that later became so linked to pasta.

The first U.S. macaroni factory was built in 1848 in Brooklyn, New York, not by an Italian, but by an enterprising French flour miller from Lyon. Antoine Zerega managed the entire operation with just one horse in his basement to turn the millstone. Like his Chinese and Neapolitan forerunners, Zerega spread his spaghetti strands on the roof to dry in the Brooklyn sunshine. Not long after—given American tourism abroad, increasing numbers of Italian immigrants, and World War I—pasta became permanently enshrined in the United States.

By 1990, *Restaurant Business* reported some 60 percent of all U.S. restaurants were serving pasta. That figure represents a 30 percent increase

continued on page 76

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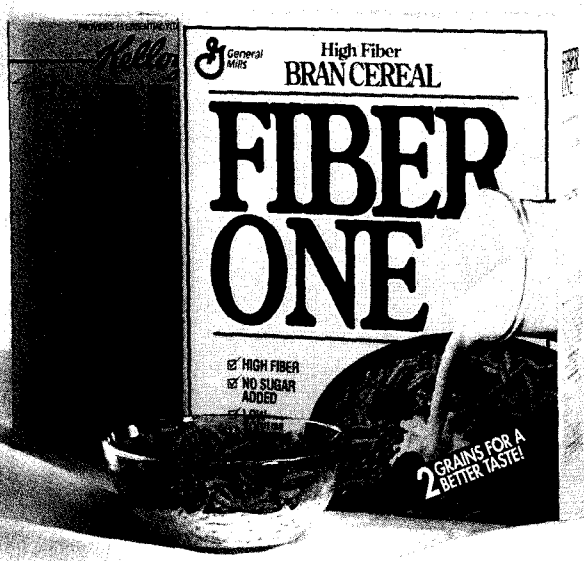

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RACING FOR SCHOLARSHIPS IN L.A.

California entrepreneur Eric Schiffer gives kids the chance to be somebody.

by Janet Kinosian

The big day at the track began at 8:00 a.m. Pure joy showed on the kids' faces as they practiced in their bright-colored warmups: running, sprinting, long-jumping, and stretching. One mom could be heard shouting, "Save your energy for the races!"

The second annual Eric Schiffer Scholarship Races ran to wild success at the Long Beach State Track and Field facility in Southern California October 30. Together with the Governor's Council on Physical Fitness and Sports, the Eric Schiffer Youth Foundation and the Children's Better Health Institute, publishers of *U.S. Kids*, chaired the races. (The first Scholarship Race ran in Indianapolis May 8 at the Children's Better Health Institute's Fitness Farm. On April 30, another Eric Schiffer Scholarship Race will be run in Indianapolis.)

Parents and siblings were all on hand to help before the big race. Noted one father, "My kid was so excited, he didn't sleep all night." One six-year-old asked, "If I get hurt, do they have insurance? How long does it take the paramedics to come? And where are the doughnuts?"

The youngest entrants, ages 5-8, ran a quarter-mile race (once around the track), while entrants ages 9-12 ran a half-mile. All competed in predicted time races: each participant estimated the time he or she would complete the race. Those children coming in closest to their predicted time—not necessarily the first ones to cross the finish line—were declared winners.

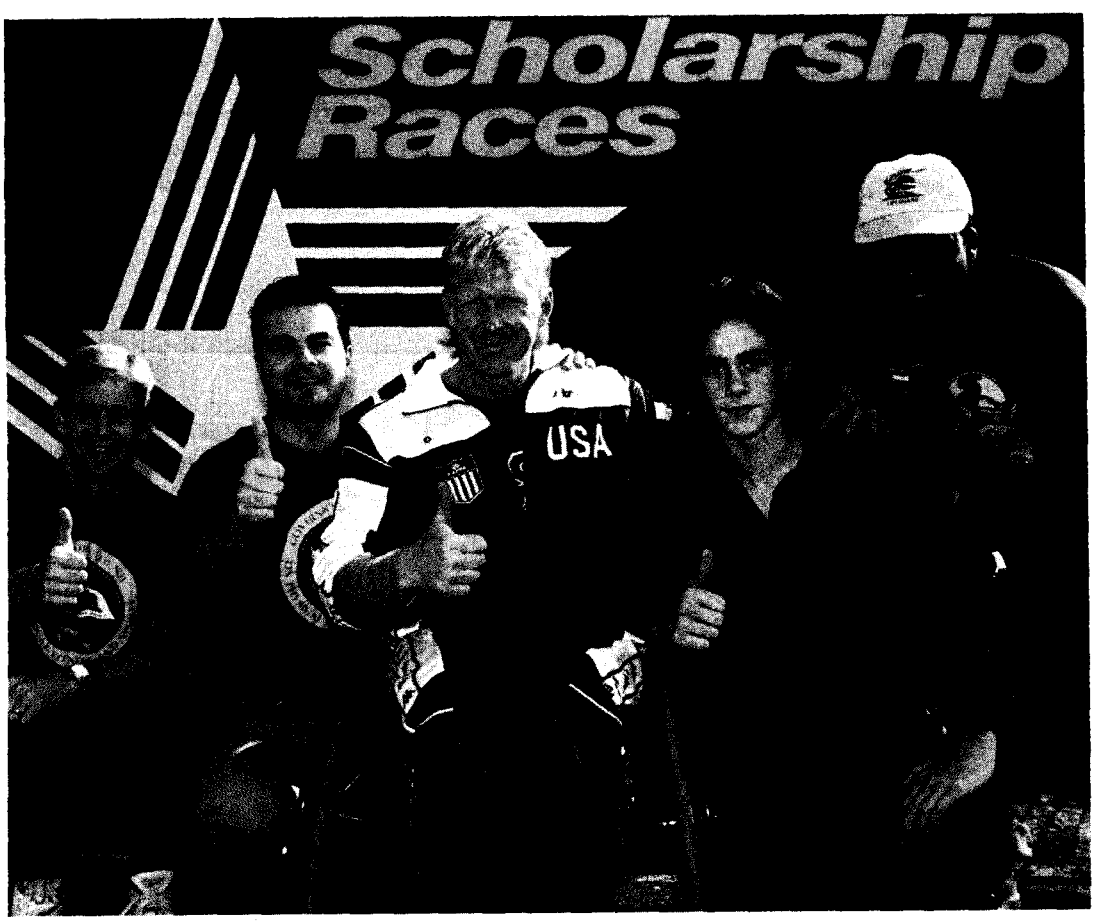
"It was a real melting pot of children," said Dale Tate of the Northern California-based Eric Schiffer Foundation. "Cambodian, Thai, Japanese, Chinese, Hispanic, African-American, Anglos: I thought it a wonderful mix, a real reflection of the changing melting pot that we're becoming."

Gregory Alan-Williams, star of "Baywatch" who rescued a Japanese-American motorist from being assailed during the 1992 L.A. riots, emceed the opening ceremonies. Honorary Chair Peter Vidmar, a 1984 Olympic gold-medal gymnast, lit an authentic Olympic torch and declared, "Let the races begin." Shiloh Strong of the TV series "The Mommies" led the Pledge of Allegiance, after which 100 white pigeons were released into the air, circling the field. The Disney characters Goofy, Minnie Mouse, and Donald Duck led the kids (and adults) through stretching and calisthenics before the races.

"The young people are out here on behalf of themselves," said celebrity Alan-Williams. "Here in L.A., they often don't have these kinds of opportunities, so people have to organize them. They might come out initially to compete, but there's also a sharing, and all kinds of magic happens. They win, they lose, they meet new people, but most importantly, they discover things in themselves: what they're made of and what some of their talents are.

"You see, whether they win or lose, they feel *celebrated*, and that's very important. No one wants to be anonymous."

Part of the celebration happened at the closing ceremonies, when $12,000 in college scholarship money in the form of $1,500 bonds was divided among the winners of each category. Second- and third-place winners received basketballs; fourth- through tenth-place



Giving thumbs up for youth fitness at the Eric Schiffer Scholarship Races are: (from left) Olympic gymnast Peter Vidmar, event sponsor Eric Schiffer, wheelchair athlete Kevin Saunders, Shiloh Strong (from the TV show "The Mommies"), and "Baywatch" star Gregory Alan-Williams.

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winners received Frisbees. Every participant took away an official certificate of game completion. One little boy whispered to his mom, "You know what? It's just like the Olympics! I like this!"

The races were only part of the day's activities. Various sports clinics were in full force, including ones for baseball, basketball, Frisbee, martial arts, boxing, football (with pro football Hall of Famer Willie Brown), and gymnastics (with Vidmar).

Getting kids off on the right foot by demonstrating the benefits and fun of a healthy lifestyle is what the celebrated Scholarship Races are all about.

Looking at all those healthy, smiling young faces, it's shocking to hear the statistics reported by the President's Council on Physical Fitness & Sports: approximately 50 percent of kids ages 6-17 cannot run a mile in less than ten minutes, or do even one pull-up. Also, 40 percent of children ages 5-8 show at least one heart disease risk factor (physical inactivity, obesity, elevated cholesterol, high blood pressure), and only 36 percent of America's schoolchildren are enrolled in a daily physical education class.

"There's a lot of talk now about healthcare, but not a lot of talk on prevention," said Vidmar. "A lot of people truly don't see the connection between a healthy body and healthy mind and a long, productive life free of many medical complications. And that if we raise healthy kids, they'll become healthy adults.

"Physical activity patterns are, for the most part, established at a very young age, so it's important that physical education in the schools be given a high priority. Unfortunately, today, it's not. I'm not saying, 'Put every child on the basketball court,' but get them involved in something they can do on their own—walking, even gardening."

Eric Schiffer, at 26 a multimillionaire and one of the country's top ten entrepreneurs, believes in children. "When kids have healthy bodies," he said, "they naturally have healthy minds. I believe in helping children, and in getting the message to them that it's important for American youth to develop proper values.

"I think people can make a difference in children's lives and in helping them understand how important it is to avoid alcohol and drugs and violence, and that kids can have a lot of fun doing it!"

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POTATOES AND RICE FOR IBS SUFFERERS

A bland diet doesn't have to be boring, so try these delicious recipes that are gentle on the digestion.

No one is certain what causes inflammatory bowel disease, or even irritable bowel syndrome. But we do know that some people with digestive problems are not able to tolerate dairy products. Others can't tolerate the gluten in wheat and other grains. Another group has an inherited problem processing fructose.

One physician we know, who suffers from fructose intolerance himself, noted that his son experiences the same problem. He believes that high fructose corn sweeteners so commonly used by the soft drink industry now give many people problems with their digestion.

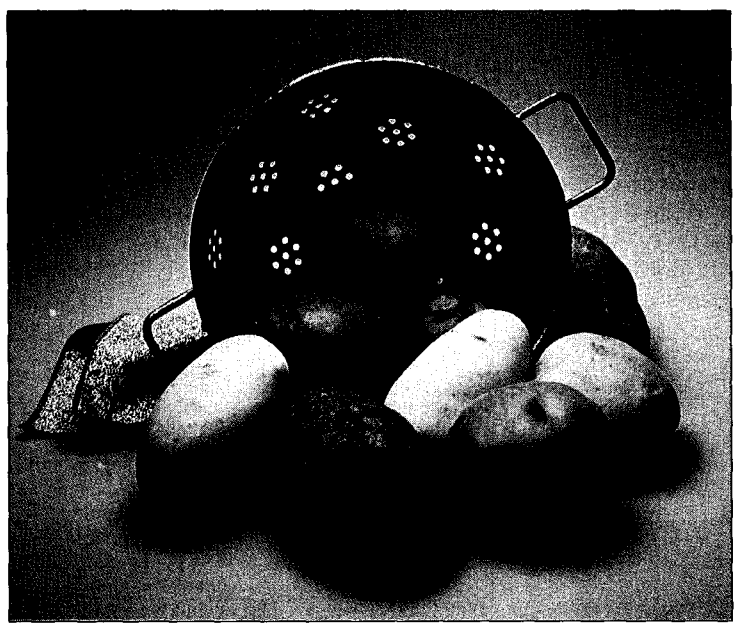
A few decades ago, we didn't know about the problem of wheat. We only recently learned of the high prevalence of lactase enzyme deficiency; hereditary fructose corn sweetener intolerance is not very well-known yet.

Paul Niehans, a Swiss physician, used the gluten-free diet to cure a very sick Pope Pius XII by putting him on a potato purée diet. We've tried to keep the following recipes free of known offenders for those with allergies, intolerance, or enzyme deficiencies.

Because many digestive diseases are mysterious and baffling, we are doing another survey in the *Post* about diet (see page 53).

We need your help to learn more about the many types of digestive disorders. Your contribution in time for filling out the survey and mailing it to us is greatly appreciated.

In the meantime, we give those who suffer any kind of bowel symptoms the tastiest recipes we can find to make meal planning easier and the dining experience more pleasurable.



Potatoes, the perfect food for those on special diets, provide an easily digestible source of vitamins, calories, and nutrients.

✦ ✦ ✦

Lemon Rice

(Makes 6 servings)

1 cup uncooked rice
1 teaspoon margarine (if desired)
1 clove garlic, minced
1 teaspoon grated lemon peel
2 cups chicken broth
2 tablespoons snipped parsley

Combine rice, margarine, garlic, lemon peel, and broth in 2- to 3-quart saucepan. Bring to boil; stir once or twice. Reduce heat; cover and simmer 15 minutes or until rice is tender and liquid is absorbed. Stir in parsley.

Per Serving (½ cup):

Calories: 127	Carbohydrate: 25.3 gm
Cholesterol: 0 mg	Protein: 3.9 gm
Sodium: 261 mg	Fat: 0.7 gm

✦ ✦ ✦

Hearty Chicken and Rice Soup

(Makes 8 servings)

10 cups chicken broth
1 medium onion, chopped
1 cup sliced celery
1 cup sliced carrots
¼ cup snipped parsley
½ teaspoon dried thyme leaves
1 bay leaf
1½ cups chicken cubes (about ¾-pound)
2 cups cooked rice
2 tablespoons lime juice
Lime slices for garnish

Combine broth, onion, celery, carrots, parsley, thyme, and bay leaf in Dutch oven. Bring to boil; stir once or twice. Reduce heat; simmer, uncovered, 10-15 minutes. Add chicken; simmer, uncovered, 5-10 minutes or until chicken is cooked. Remove and discard bay leaf. Stir in rice and lime juice just before serving. Garnish with lime slices.

Per Serving (1½-1¾ cups):

Calories: 201	Carb.: 18.7 gm
Chol.: 44 mg	Protein: 16.5 gm
Sod.: 1,202 mg	Fat: 5.7 gm

✦ ✦ ✦

Seafood Gumbo

(Makes 6 servings)

½ cup chopped onion
½ cup chopped green pepper
½ cup (about 2 oz.) sliced fresh mushrooms
1 clove garlic, minced
2 tablespoons margarine
1 can (28 oz.) whole tomatoes, undrained
2 cups chicken broth
½ teaspoon dried thyme leaves
½ teaspoon dried basil leaves
1 package (10 oz.) frozen cut okra, thawed
¾ pound white fish, cut into 1" pieces
½ pound peeled, deveined shrimp
3 cups hot cooked rice

Cook onion, green pepper, mushrooms, and garlic in margarine in large saucepan or Dutch oven over medium-high heat until tender-crisp. Stir in tomatoes in juice, broth, thyme, and basil. Bring to a boil. Reduce heat; simmer, uncovered, 10-15 minutes. Stir in okra, fish, and shrimp; simmer 5-8 minutes until fish flakes with fork. Serve rice on top of gumbo.

Per Serving (1¾-2 cups):

Calories: 328	Carbohydrate: 41.1 gm
Cholesterol: 64 mg	Protein: 25.0 gm
Sodium: 987 mg	Fat: 6.9 gm

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✦ ✦ ✦

Harvest Potato Soup

(Makes 8 servings)

1 tablespoon margarine
1 onion, chopped
½ cup chopped green onion
4 cups chicken broth
3 cups pared, diced Washington russet potatoes
2 medium carrots, pared and thinly sliced
1 cup thinly sliced zucchini
3 cups finely shredded fresh spinach
Salt, if desired

Melt margarine in saucepan; add onions. Cook, covered, over low heat about 5 minutes. Add broth, potatoes, and carrots. Simmer, covered, 15 minutes. Add zucchini; simmer 5 minutes. Add spinach and salt to taste; heat thoroughly.

Per Serving (1 cup):
Calories: 90 Carbohydrate: 16.0 gm
Cholesterol: 3.0 mg Protein: 3.6 gm
Sodium: 482 mg Fat: 1.2 gm

✦ ✦ ✦

Mushroom and Rice Soup

(Makes 8-10 servings)

2 cups (about 8 oz.) sliced fresh mushrooms
1 cup (about 4 oz.) chopped fresh mushrooms
1 cup sliced green onions
2 tablespoons olive oil
6 cups chicken broth
2 jars (7 oz. each) whole straw mushrooms, undrained
1 cup water
¾ teaspoon dried thyme leaves
3 cups cooked rice

Cook sliced and chopped mushrooms and onions in oil in Dutch oven over medium-high heat until tender-crisp. Add broth, straw mushrooms, water, and thyme. Reduce heat; simmer, uncovered, 5-7 minutes. Stir in rice; simmer 1-2 minutes

Per Serving (1½ cups):
Calories: 142 Carbohydrate: 20.4 gm
Cholesterol: 0 mg Protein: 5.9 gm
Sodium: 861 mg Fat: 3.8 gm

✦ ✦ ✦

Roots and Tubers Soup

(Makes 8-10 servings)

8 cups chicken broth or bouillon
1 can (14½ oz.) stewed tomatoes
1 can (6 oz.) tomato paste
1 medium onion, chopped
1 carrot, sliced
1 small turnip, peeled and cubed
1 parsnip, peeled and sliced
2 stalks celery, sliced
2 medium potatoes (about ⅔-pound), cubed
1½ cups chopped green cabbage
2 bay leaves
1½ teaspoons ground sage
½ teaspoon black pepper (if tolerated)

In 6-quart pot, combine all ingredients; bring to boil. Cover, reduce heat, and simmer about 25-30 minutes or until vegetables are tender. Remove and discard bay leaves. Serve hot. Soup can be stored, covered, in refrigerator up to 1 week.

Per Serving (1½ cups):
Calories: 123 Carbohydrate: 22.3 gm
Cholesterol: 4 mg Protein: 3.5 gm
Sodium: 1,615 mg Fat: 2.5 gm

✦ ✦ ✦

Potatoes Paprika

(Makes 4 servings)

4 medium potatoes (about 1¼ pounds)
3 teaspoons margarine
1 cup coarsely chopped onions
1 medium green bell pepper, seeded and cut into 1-inch squares
1 tablespoon paprika
1½ teaspoons caraway seeds (if tolerated)
⅔ cup diced tomatoes
½ teaspoon pepper

Halve potatoes and cut into ½" wedges; combine in 2-quart microwave bowl with 2¼ cups water. Cover and microwave on high just until tender, about 12 minutes. Meanwhile, melt margarine in large skillet. Add onions and pepper; sauté over medium heat 3 minutes. Mix in paprika and caraway seeds. Drain potatoes and add to skillet with tomatoes. Toss gently until heated through. Season with pepper. Dollop each serving with nonfat sour cream, if you wish. Serve with grilled chicken.

Per Serving (¾ cup):
Calories: 133 Carbohydrate: 25.3 gm
Cholesterol: 0 mg Protein: 3.4 gm
Sodium: 129 mg Fat: 2.0 gm

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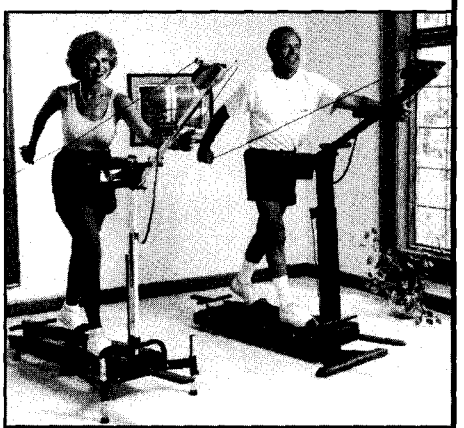

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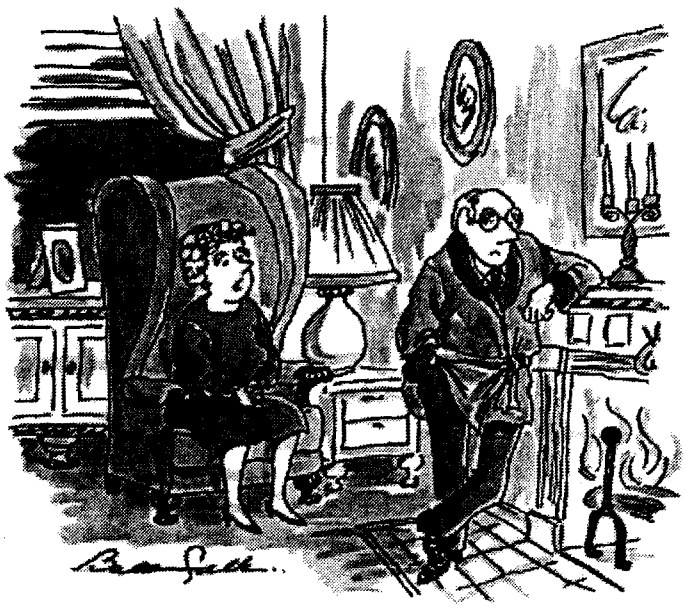
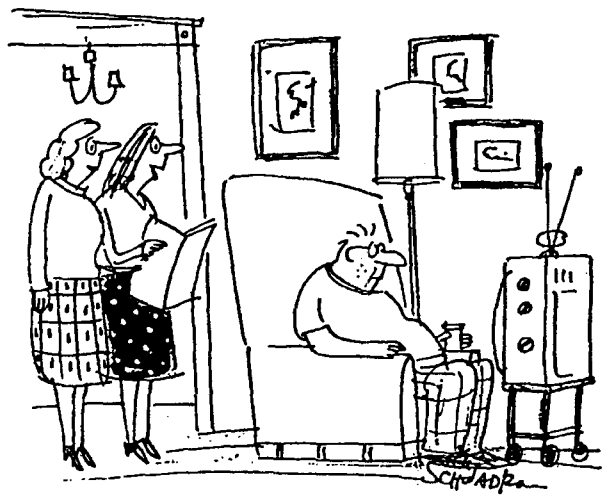


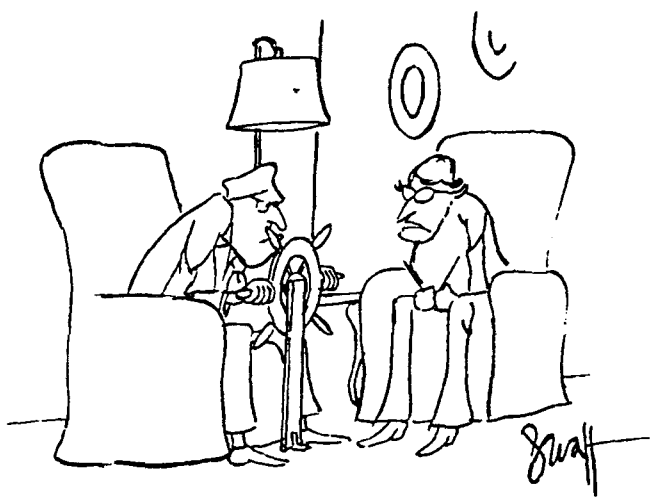
"Not everybody hates you because you're rich, dear. Just Democrats."

MATRIMONIAL DISCOURSE

"And do you, Susan, take James, knowing full well he has control of the remote?"



"I don't understand it—he started out the same age as Robert Redford."



"You do miss your boat, don't you, Ed?"

"I disposed of our disposable income."

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I'll Get By (As Long As I Have You)
Harry James
vocal: Dick Haymes

Long Ago (And Far Away)
Jo Stafford

I'll Buy That Dream
Dick Haymes
w/Helen Forrest

My Devotion
Vaughn Monroe

I'll Be Seeing You
Tommy Dorsey
w/Frank Sinatra

Take The "A" Train
Duke Ellington

(There'll Be Bluebirds Over) The White Cliffs Of Dover
Vera Lynn

Always
Gordon Jenkins

You Always Hurt The One You Love
Sammy Kaye vocal:
Billy Williams

A Nightingale Sang In Berkley Square
Glenn Miller
vocal: Ray Eberle

When The Lights Go On Again All Over The World
Vaughn Monroe

Sunrise Serenade
Glenn Miller
w/Tex Benecke

Temptation
Perry Como

Maria Elena
Jimmy Dorsey
vocal: Bob Eberly

(I'll Be With You) In Apple Blossom Time
Andrews Sisters

Auf Wiederseh'n Sweetheart
Vera Lynn

G.I. Jive
Johnny Mercer

It Might As Well Be Spring
Paul Weston
w/Margaret Whiting

It's Been A Long, Long Time
Charlie Spivak
vocal: Irene Daye

I'll Never Smile Again
Tommy Dorsey
w/Frank Sinatra &
The Pied Pipers

Lili Marlene
Marlene Dietrich

Skylark
Harry James
w/Helen Forrest

The Very Thought Of You
Vaughn Monroe

Star Dust
Tommy Dorsey
w/Frank Sinatra &
The Pied Pipers

I Can't Begin To Tell You
Sammy Kaye

Moonlight Becomes You
Glenn Miller

You Belong To My Heart
Charlie Spivak

I'm Making Believe
Ink Spots
w/Ella Fitzgerald

I Left My Heart At The Stage Door Canteen
Sammy Kaye
vocal: Don Cornell

Have I Stayed Away Too Long
Perry Como

Dancing in the Dark
Artie Shaw

Let's Take The Long Way Home
Cab Calloway

I'll Walk Alone
Dinah Shore

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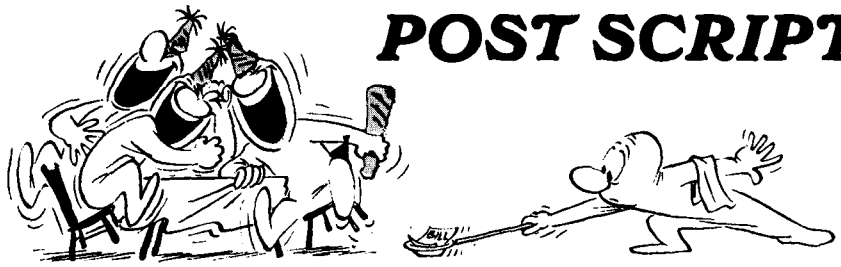


Holding on Until . . .

A New Year's resolution is like a new, fresh-from-the-factory car. You hold your breath in awe at achieving this wonder. Then comes the first scratch or break, you let out that breath—and start living again.

—Claire Puneky

Cycle Circle

By the time I realized
My father had been right,
I already had a son,
Who thinks I'm not too bright.

—William E. Morgan

Phoney Baloney

The only people who claim they can solve all the world's problems are the ones who phone radio talk shows.

—Sam Ewing

Lessons Learned

A teacher asked her first grade class
about the colored traffic lights.
An eager youngster raised his hand;
he's one of teacher's real delights.

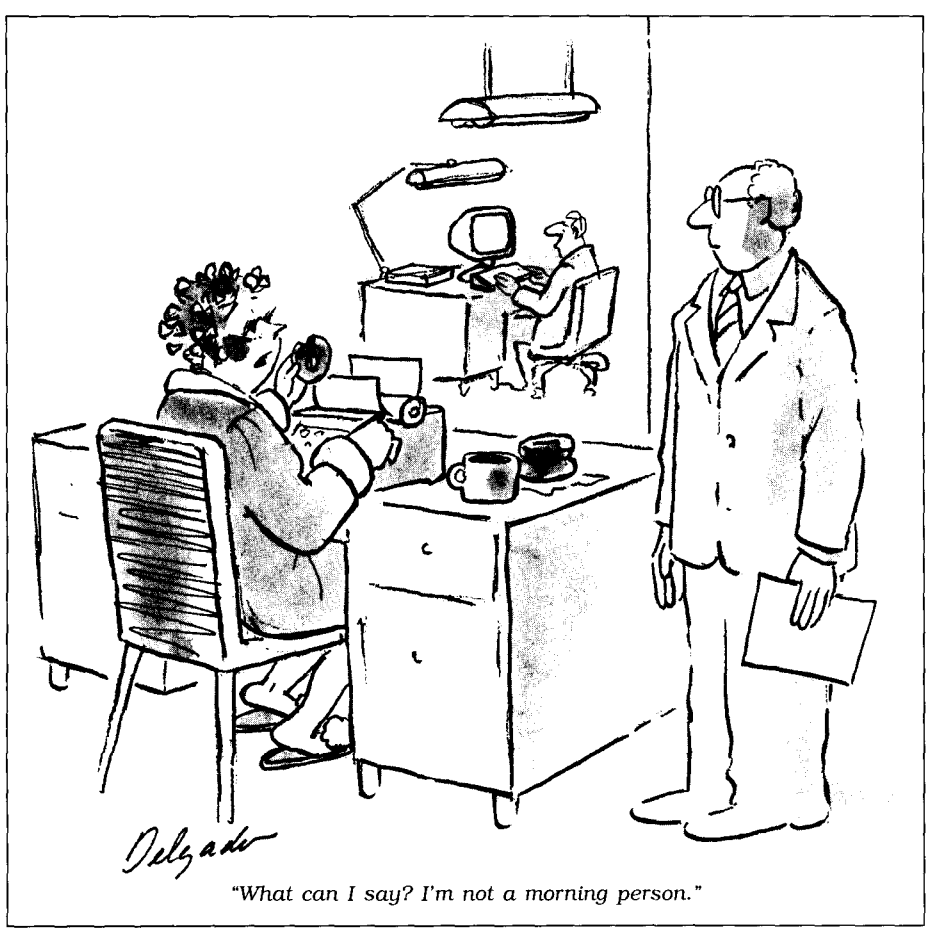
I know, teacher, please let me tell;
of such colors I'm a master.
The red means stop while green
means go,
and the yellow means go faster.

—Harry Randles

Not Asking Too Much

How I resent
Being taken to task!
It's in approval
I'd rather bask,
And total approval
Is all I ask.

—May Richstone



"What can I say? I'm not a morning person."

Wardrobe Whine

The necktie hasn't yet been made
(To this I'm hereby swearing),
That my wife thinks is just right for
The suit that I am wearing.

—Dick Emmons

Standing on Safe Ground

I love the beauty of sun on snow,
And icy patches all aglow.
I love winter's beauties, without
a doubt,
When I'm on the inside, looking out.

—Rhoda Pellor

Home Sweet Home

My house is clean and quiet.
There's no jam prints on the door.
The books are neatly on the shelf.
No toys are on the floor.

It used to make me nervous.
It used to cause me stress,
But, oh, what I would give today
To see their childish mess.

Her clutter in the hallway,
Her dolls piled on the chair,
His little bats and ball gloves,
His jacket on the stair.

Those days are gone forever,
And it's quiet here once more,
But, how I miss the sight of all
Their toys strewn on the floor.

—Dorothy S. Radeke

No Justice

Connoisseurs praise
Old wine and old cheese,
But say no good word
For old bones in my knees.

A chair is "Antique!"
Oil paintings? "Old Masters!"
Then why are old bones
In my hips such disasters?

—Edith E. Cutting

That Glorious Feeling

What a thrill to the heart
Of the weary tourist
This little sign sends:
CONSTRUCTION ENDS.

—Eldred Johnston

A Shared Experience

In close proximity we sit—
Our germs all intermingling.
The doctor's waiting room
exudes
New symptoms that we're feeling.

—Evelyn R. Wilson

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Just a Dream Away

The sky is leaden, chill the air,
Snow is falling everywhere,
And I (on the business end of a shovel)
For a tropical hut would gladly grovel.

For a tropical hut and a sandy beach,
A banana tree within easy reach,
Papayas and mangoes on every hand—
Farewell, snowflakes! Greetings, sand!

—Virginia Killough

Chilling Fact

On winter sports,
I'm just not sold.
To tell the truth,
Most leave me cold!

—R.C. Shebelski

Good Witch

Every summer I vow I'm going to cut it down.
Nuisance red berries dropping to ground
Staining feet, shoes, and inside carpet.
For the firewood stack I swear I'll mark it.

Then I remember late Februaries when the yard 'n' garden and trees are bleak.
It is this fine plant's tiny yellow clusters that first muster courage to peek
And initiate the inevitable crescendo for winter begone.

You may stay on,
my good Witch Hazel, stay on.

—Michael R. Hardesty

The Heart Game

Heart lobs over net,
In and out of love—
Trying to keep itself in play
Without thinking of the overhead smash
A requisite of the game
Sure to come
One's way.

—Ray Clark Dickson

The First Day

The first day
I talked to my son,
he was in a cradle,
and, oh, so young.
I told him I loved him.

"I assume that you're aware of our penalty for early withdrawal."

He looked at me with fright!
So I tucked him under his covers,
and bade him good night.

—Todd A. Allen

Moving Experience

I wonder what she'll look like,
When at work she finally arrives;
After putting on her makeup
In traffic as she drives.

—Mitch Pieronek

Snow Use Complaining

I like lots of snow
and children whooping,
But I do get frosted
at all that scooping.

—Martin Tonn

Jaywalking

One must be careful of jaywalking,
Though it may seem appealing;
It can very easily give one
That sudden run-down feeling.

—Olga McCoy

My Wait Problem

I once bought a dress several sizes too small,
Hoping to lose some weight—
It still hangs in my closet unworn and forlorn—
And hopelessly out of date.

—Rose L. Korotkin

Always and Forever

The sun, although it does set,
it is never gone,
always, very reliably,
a colorful dawn.

Friends, ours is like the sun,
for always a dawn,
always, warmth like sunlight,
you can rely on.

—Mark S. Metcalf

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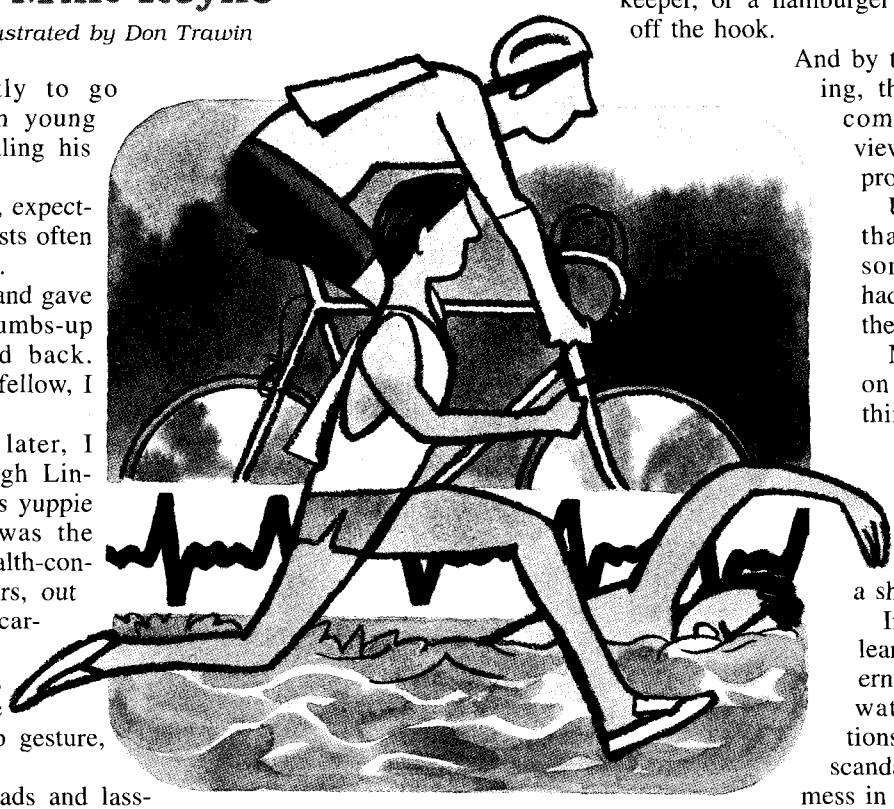
SPEAKING OUT

GOOD NEWS ABOUT MEDICAL BILLS

Healthy young urban professionals may be picking up the tab for your "free" healthcare.

by Mike Royko

Illustrated by Don Trawin



I swerved slightly to go around the lean young man furiously pedaling his expensive bike.

He glanced at me, expecting the glare bicyclists often get from car drivers.

Instead, I smiled and gave him a friendly, thumbs-up gesture. He waved back. What a fine young fellow, I thought.

A few minutes later, I was cruising through Lincoln Park, Chicago's yuppie haven, and there was the usual parade of health-conscious young joggers, out for their morning cardiovascular fix.

I beeped my horn, smiled, and gave them the thumbs-up gesture, too.

Such admirable lads and lassies, fine-tuning their bodies. I could imagine them eating a bowl of bran for breakfast, a bit of skinless chicken for lunch, and maybe having a mild wine spritzer after work. Unless they were going to run another five miles at dusk.

And it made me feel good. Why? Because while shaving that morning—which is the most strenuous exercise I engage in—I had my radio on, and an economist was talking about the Clintons' revolutionary healthcare proposals.

The economist wasn't very enthusiastic. That's because he is a fairly young, healthy economist.

And the way he saw it, healthy, gainfully employed young people—such as himself and the lad on the bike and the joggers in the park—would wind up picking up an unfair piece of the tab for maintaining deteriorating bods such as mine.

Because they are young and healthy, they seldom need the services of a doc, unlike a wreck such as myself who is constantly being poked, prodded, and prescribed.

But whether they like it or not, need it or not, they will be in the health program and will pay for it in one way or another.

After hearing that, how could I not feel warmth and affection for those who will be helping pay my way through the frequent aches and pains of my twilight years? Bless their Nike-clad feet.

The economist was also concerned about small businesses—the beauty parlor with two or three workers, the small diner with the same, the tavern with a couple of bartenders and a floor man, the countless small businesses that will have to start paying medical insurance.

Even the working mother, who hires someone to take care of her kids.

But I'm not a working mother, a beautician, a saloon keeper, or a hamburger flipper, so that lets me off the hook.

And by the time I finished shaving, the radio economist had completely changed my views on a national medical program.

Until he made me realize that I was going to get something for nothing, I had nothing but distrust for the Clinton plan.

My lack of trust is based on a list I once made of things the federal government really does well.

Here is that list:

1. Fight wars.
2. ?

As you can see, it is a short list.

In recent years, we have learned that the federal government isn't very good at watching lending institutions, which is why the S&L scandal is the biggest financial mess in our history.

We also know that the federal government can't protect our borders, which is why we had to finally throw up our hands and tell millions of illegal aliens: "OK, you're here, and there's nothing we can do about it, so just stop by the office and we'll make you legal."

It's not good at preventing tons of dope from flowing into this country to scramble the brains of hundreds of thousands of junkies, who then go on to steal, maim, or murder to support their habit.

And it is of little or no help in protecting the victims of the crimes brought on by the drug flow, ghetto life, fatherless little gunmen, and other urban frights.

It's absolutely awful at handling money. Even a skid row wino maintains a more efficient budget than does the Congress of the United States. And the skid row panhandler

continued on page 65

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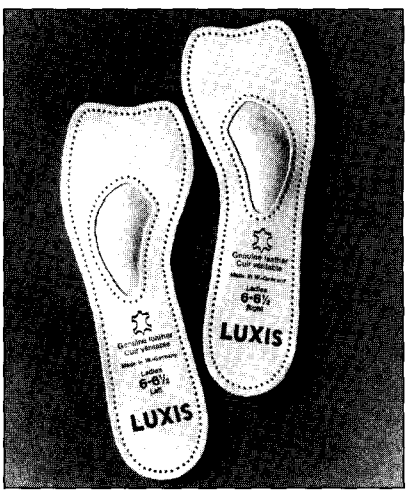
"After 30 years I can walk for the first time WITH NO PAIN!"

END SORE ACHING FEET!

Which of these foot ailments cause you pain?

- ❑ CORNS
- ❑ CALLUSES
- ❑ BUNIONS
- ❑ FLAT FEET
- ❑ PAIN IN THE BALLS OF THE FEET
- ❑ BURNING NERVE ENDINGS
- ❑ CRAMPING
- ❑ PAINFUL ANKLES
- ❑ HAMMERTOES



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LUXIS' specially designed metatarsal support helps your feet assume their proper posture and balance. They help redistribute your body weight naturally, thereby eliminating painful uneven pressures that can cause sore burning feet, corns, calluses, bunions, sore heels or ankles and foot problems of all types.

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—E.S., Lancaster, PA

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"The insoles are fantastic. I've suffered with foot problems all my life. Suddenly, I can walk in comfort."

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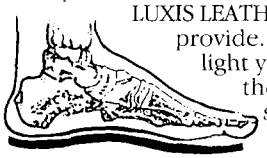

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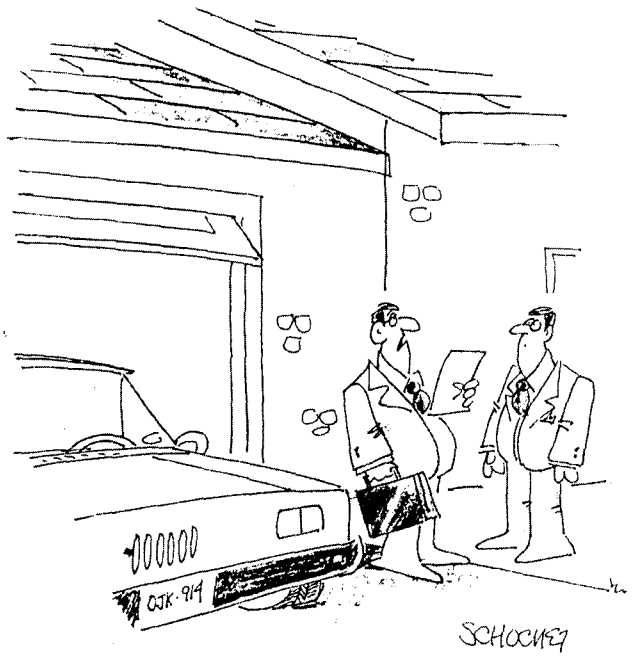
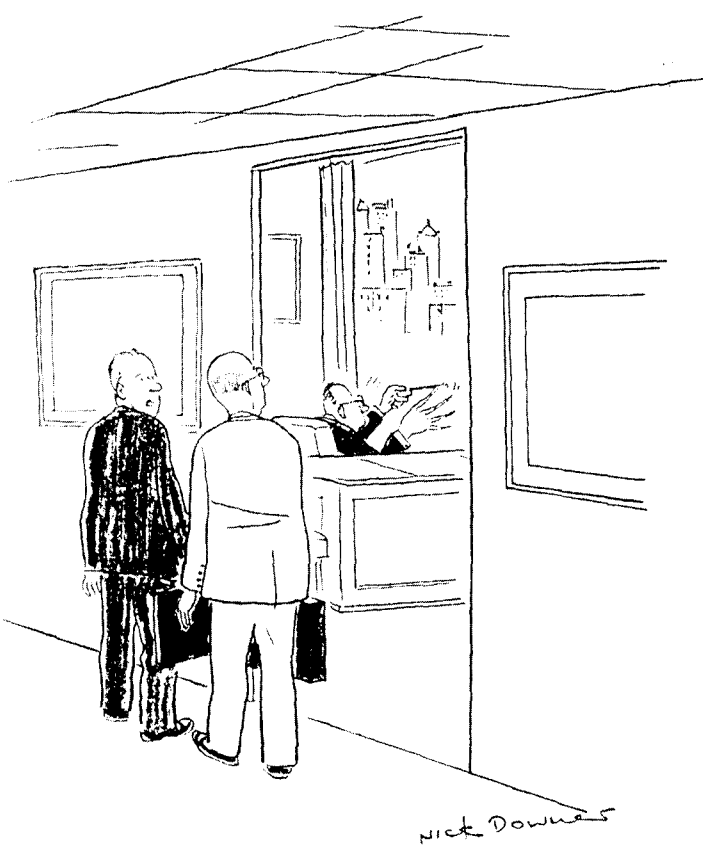
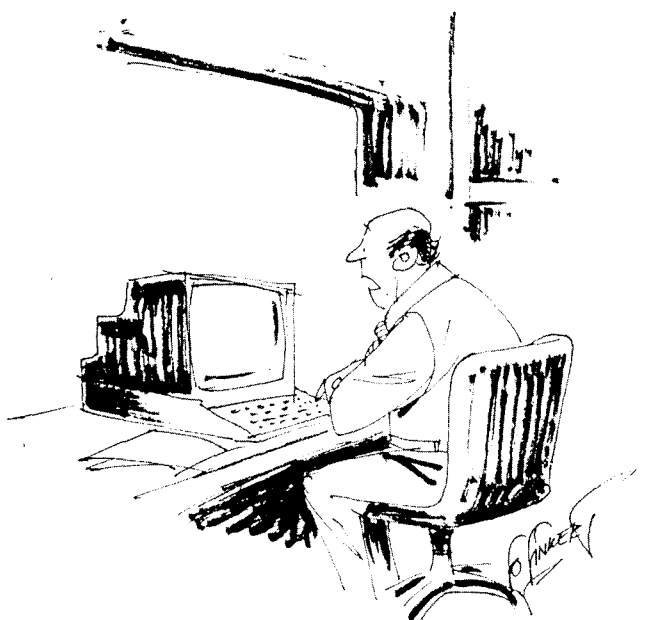


"My car payments are $300 a month, and my cellular phone bill is $400 a month."

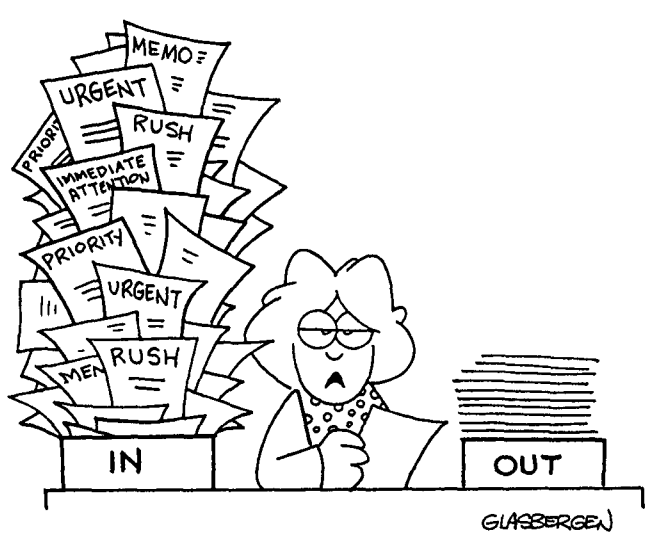
CORPORATE CONUNDRUMS



"I understand he's had to claw his way to the top."



"Well, sorry, but my memory is failing me, so what's my password please?"



"How come space aliens never abduct you when you really need it?"

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THE SATURDAY EVENING POST INVESTIGATES

IBD *Special Report*

INFLAMMATORY BOWEL

We queried recognized authorities, clinicians, and researchers about the latest medical and surgical treatment options—as well as their hopes in the search for the cause and the cure.

Two million Americans suffer from inflammatory bowel disease (IBD). Crohn's disease and ulcerative colitis often strike teenagers and young adults in the prime of life.

Inflammatory bowel disease is debilitating, its cause still unknown, and until recently, most IBD patients suffered in silence.

The *Post* talked with doctors across the country and with patients who unselfishly sacrificed their personal modesty to go public with this private disease. In our comprehensive study, the *Post* has found good reason for hope.

When serious flareups of ulcerative colitis occur, cyclosporine—the wonder drug that made organ transplants successful—has shown dramatic results. For many, cyclosporine can offer an option to avoid surgical removal of the colon. For those whose colons must be removed, ileal pouch-anal anastomoses are successful surgical solutions. Today, Pentasa, Asacol, and Dipentum are new medical options.

As patients come out of the closet to testify about their plight, the public is rallying behind such groups as the Crohn's and Colitis Foundation of America and the United Ostomy Association.

Patients who don't appear sick but can't get far from a rest room now travel to Washington, D.C., to lobby for research funds for their illness. Leading the charge are such celebrities as Marvin Bush, Mary Ann Mobley, and Rolf Benirschke.

> *"The only thing shameful about these diseases is that there is still no cure."* —*Rolf Benirschke, former place-kicker, San Diego Chargers*

In this special section, we canvassed the doctors who specialize in IBD. Respected among their colleagues as authorities on the latest treatments, these physicans advise primary care doctors less familiar with IBD and treat refractory IBD patients who are referred from all over the world.

We hope this information will prove helpful to IBD patients and their families, as well as primary care physicians who are less familiar with the diseases. We also hope some curious soul will discover the cause and cure of IBD soon.

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IBD *Special Report*

MOBLEY: C ABOUT ISEASE

The former Miss America, diagnosed with Crohn's in 1962, is on the road, sharing her story and spreading the word about inflammatory bowel disease.

Between her television filming, personal appearances, and benefit work for numerous charities, Mary Ann Mobley is seldom at her Beverly Hills, California, home. When we talked with her, she had just returned and was already packing for another trip on behalf of the Crohn's and Colitis Foundation of America.

Mary Ann was diagnosed with Crohn's disease in 1962, only three years after she was crowned Miss America. Despite this painful and debilitating disease, she has pursued an award-winning career as a film, stage, and TV actress and a maker of documentaries that show the circumstances of deprived children around the world.

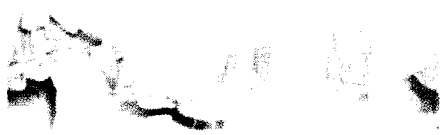
Mary Ann is a mother and is the wife of Gary Collins, host of the popular "Home Show." Collins supports her career and her decision to step forward for Crohn's. A tireless worker, she courageously speaks out about her Crohn's problem in appearances around the country. Through her work, she is aiding the search for the cause and cure for this little-understood disease. We spoke with her about the challenge of living with Crohn's and the promise of today's research.

Dr. SerVaas: So many people who suffer from inflammatory bowel disease don't like it to be known. I am happy to hear you are speaking out for Crohn's and the Crohn's and Colitis Foundation of America.

M. A. Mobley: Well, thank you. It was a tough decision to make. All of the people out here advise you not to. But, if you've been lucky as I have, you decide you've just got to do something. I must say that I don't regret it at all.

Dr. SerVaas: How long have you been public with Crohn's?

M. A. Mobley: About ten years. The first real public outing was on "Sally Jessy Raphaël," when she did a segment on Crohn's and colitis. She had Marvin Bush, President Bush's son; a place kicker for the San Diego Chargers [Rolf Benirschke]; myself; my husband; and a doctor. Since then, I get about 25 letters a month, and I answer every one of them. The stories that you hear are absolutely horrific.



The popular miss from Mississippi didn't know she had Crohn's disease when she won the coveted Miss America title in 1959.

Dr. SerVaas: You even testified before Congress.

M. A. Mobley: Yes. I testified in front of a Congressional subcommittee when we were searching for additional money for research. I had never testified before, and I was a bit apprehensive. When I arrived, I was truly concerned, because also waiting to testify were parents with children in wheelchairs. I felt concern for those parents and those children, but I also felt concern for all of the people I had met over the years who suffer from Crohn's and colitis who are completely alone, except for the Crohn's and Colitis Foundation.

At the hearings, you have to give them a copy of your speech before you enter, and I asked to change one thing in mine. I said that in 1962 I was diagnosed with this incurable disease, and one of the sad things was that we Crohn's patients basically look normal, so we don't get the instant sympathy or the understanding that someone with a more obvious illness receives, one that requires you to sit in a wheelchair or to walk with braces and crutches.

Dr. SerVaas: Your disease is invisible to most people.

M. A. Mobley: Exactly. When I broke my arm in a fall, I got a lot of sympathy, but when you live with pain and you can't will yourself to get up out of bed because you are so anemic and feel so miserable, that is viewed as goldbricking. When you look fairly normal, it is very hard to explain to your college professor that you are not just cutting classes.

Dr. SerVaas: This happened to you in college?

M. A. Mobley: No. This happened afterwards, but these are the stories that I hear.

When I was on the Sally Jessy Raphaël show, I recognized a young lady in the audience as Miss Connecticut from the Miss America pageant the previous year. She stood up and said she had been advised through well-

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Mary Ann has been married for 27 years to Gary Collins, host of the popular "Home Show."

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meaning pageant directors not to mention that she had Crohn's disease, because it would be thought that maybe she couldn't fulfill her duties. There were times when she was standing on the stage in perfect agony.

It is a dreadful disease for the fact that it affects so many people emotionally. I remember before I went into remission having a two-year-old daughter and wanting to get up to do things with her and simply not having the energy to get up from the bed and go to the sofa in the den. It is the depression that you feel, because you are not keeping your end of the bargain. One day, they are going to do a study on the emotional responses that people have with this illness. We now have more than two million sufferers, and the more we learn about this, the more complicated it becomes.

Dr. SerVaas: When did you first experience Crohn's?

M. A. Mobley: Crohn's disease has been called a prime-of-life disease, because it generally strikes you at that time. I had just come from Broadway to do a musical and a ballet. I had signed a five-year contract with MGM, and I had just won the Golden Globe. I thought about my life and how wonderful everything was turning out. Then, in the next couple of weeks, I was not feeling well. I didn't have a doctor out here, and I finally asked a friend to recommend a doctor, who put me in the hospital for two weeks. They couldn't find out what was wrong at first. Finally, they did one last test. When the results came back, they said to me, in a rather brutal fashion, "You have an incurable disease. We don't know what causes it. We think that your body may produce too many antigens, or it is a virus that only those who were born with a certain genetic makeup get." To be told that when you are in your 20s and not married is devastating. Also, I had a doctor who, every time I had an attack (I would be hospitalized once a year every year), said, "It is stress. It is your business; get out of show business." He wanted to operate. So finally, my internist said, "Let's get another doctor."

"They couldn't find out what was wrong at first. Finally, they did one last test. When the results came back, they said to me, in a rather brutal fashion, 'You have an incurable disease.'"

I walked into Dr. Martin Plop's office at UCLA very despondent, and he started to laugh, because that particular day, my disease had affected my hip. As you know, we do have side effects to this. You can have arthritic-like pain. I was sort of dragging this left leg like Chester from "Gunsmoke." He started to laugh and said, "Oh, it has affected your hip now." I asked, "Why are you laughing?" He said, "Because we are not going to do surgery unless you hemorrhage, and we can't stop the bleeding any other way, or you have blockage, and we can't remove the blockage any other way, or you perforate. So get this operation off your mind." He said, "You know, we're going to live gracefully with this thing." His attitude and his sense of humor started to turn my life around.

Three years after her diagnosis, Mary Ann danced and sang with Elvis Presley in back-to-back MGM musicals Girl Happy *and* Harum Scarum. *Unlike victims of most incurable diseases, Crohn's patients appear healthy, despite debilitating pain.*

Dr. SerVaas: So you didn't change your stressful career.

M. A. Mobley: As we all know, stress exacerbates any problem, whether it's diabetes, heart trouble, MS, or whatever, but stress certainly doesn't cause this illness.

Dr. SerVaas: And you haven't had surgery?

M. A. Mobley: I have had all the treatments—most all, except surgery. One time, 22 years ago, I hemorrhaged and lost half of my blood. It sounds very dramatic, but I had passed out and my husband picked me up and put me on the bed and called the hospital. They had to decide if an ambulance could get me there faster or if he could, and they decided that he could. He put our two-year-old daughter

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in the front seat and me in the back seat, and we got to the hospital. As soon as they gave me blood, I was ready to go home the next day. I felt absolutely wonderful, but I would become very anemic—so much so that I would have to get iron injections every day, five days a week, or I would go in once a week to UCLA and get iron injections in the vein. They would keep me there for half a day, because I might have a reaction.

Dr. SerVaas: Have you been helped by any other therapies?

M. A. Mobley: Yes. I read a letter to the editor from a lady who had Crohn's disease who found that by taking megadoses of vitamin E, she seemed to respond and get better. Here was somebody else who had Crohn's disease. It was like a neon light. I said, "I'm going to try this." So I started taking vitamin E.

Dr. SerVaas: How much vitamin E did you take?

M. A. Mobley: I would take 6,000-7,000 international units a day. I knew that I couldn't become toxic, because only a portion of my intestinal tract was working. It wouldn't be something that someone else could take, nor would I advise someone else to take it.

But what most sufferers with Crohn's disease have to consider is that our food isn't all digested in the intestinal tract, so I was becoming anemic. So I started reading about vitamins, and 20 years ago, I started putting myself on antioxidants, as they are now called.

I first took E and then I added selenium and C, then zinc and beta carotene, and I started to feel better. You can say that it was the placebo effect or whatever, but I went into remission for 20 years, although there were times when I would have an obstruction. Then I would go in and say, "Let's put the tube down the nose," and we would remove the obstruction that way. As far as really having an attack, I went almost scot-free for 20 years.

Then I got cocky and I stopped taking my vitamins. It was sort of an inconvenience to have a suitcase full of vitamins with me on the road. About two years ago, it caught up with me, and I had a massive attack.

It's easy to see where fourth-generation Mary Clancy Collins, seated in front, gets her good looks. "Clancy," as her parents call her, is a TV producer in California.

So now I am back on my vitamin regimen. I took other drugs, and I found that, basically, I couldn't tolerate most of them.

Dr. SerVaas: You couldn't tolerate sulfasalazine—you had side effects from it?

M. A. Mobley: Well, it is just that I didn't respond to sulfasalazine. That is what I was given back in the early days. The one thing I have wanted to stay away from is the steroids. When I had an attack two years ago in my home state of Mississippi, they put me on steroids, thinking they were doing the right thing, and I had a violent reaction. Although I was not allergic, I was only on them for ten days, and that ten days did so much damage to my system. My vision blurred. My depth perception went. I lost temporarily the hearing in my right ear. I could not eat or sleep. I would walk the floor; I couldn't even sit and watch television. I've heard that other people have the same reaction. I have seen doctors, in good faith, leave patients on steroids for years, thinking they are doing right. A friend of mine was on steroids for so long, she has severe osteoporosis. I also have friends with Crohn's who had their first operations when they were 15. As you know, 75-80 percent of cases result in surgery.

Dr. SerVaas: That's right. So you are fortunate.

M. A. Mobley: Yes. I have a friend who has had 32 operations.

Dr. SerVaas: And you were ahead of

continued on page 69

Besides her acting career, Mary Ann has produced and directed documentary films that illustrate the plight of children in Third World countries. Here, she visits a toddler in Cambodia's National Pediatric Hospital.

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IBD *Special Report*

Seventeen years later, her brother pursues the dream they once shared—a career in medicine.

It isn't easy to forget Charlene Comstock.

Her gaiety, evident that afternoon when she turned pirouettes for us in her parents' kitchen, is fresh in our memory even after 17 years. Her natural grace—so obvious that day—hinted at a future full of music, dance, and happiness. She already was drum major in her high-school band and taught tap, jazz, and ballet to children in her hometown of North Vernon, Indiana. In addition to these activities, she found time to volunteer as a candy striper at the Jennings Community Hospital. That was part of her future, too. She dreamed of a career as a pediatrician, had already applied to college, and anticipated an academic schedule heavy in science and math. Her ranking as seventh in a class of 200 students indicated that her dream was attainable.

Charlene keeps pushing into my memory . . . her funeral, her brother's pain, the overflow crowd of mourners that turned out to say a final goodbye, the scholarship that was created in her honor.

She was only 17 when she died, and the mysterious disease that claimed her as its

The Comstock family. Siblings Charlene and Greg dreamed of medical careers.

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victim—ulcerative colitis—is as elusive today as it was then. Her father, J.R., still chokes up when he recalls the early signs of his daughter's illness: the gradual sapping of her energy, the distress caused by certain foods, the changes she made in her lifestyle to accommodate her growing pain.

"Charlene was our beautiful daughter, a happy, bubbly kind of girl," he says. "It wasn't until she was in her early teens that we became aware of her growing weakness and the fact that she couldn't do things that a normal little girl likes to do. We found we had to be careful about her diet, because she seemed to have trouble digesting certain foods. She became very wise about what she ate, but as time went on, it didn't make much difference. Food gave her more and more distress."

"When we realized the doctor's feelings about her case, we thought, *Where do we go now?*"

Charlene's illness eventually forced her to discontinue her beloved hospital work.

Then came restrictions on her many activities. Her candystriper duties were the first to go. "It nearly broke her heart," says J.R. In time, even curtailing her activities didn't help. She became so weak, she had difficulty opening the doors at school, and her teachers found her leaning against the corridor walls in pain.

"Her first hospitalization was in Indianapolis," says Char Comstock, her mother. "The doctor in North Vernon said, 'I've taken her as far as I can take her. We need different expertise than what I have.' He made contact with an internist in Indianapolis, and Charlene was admitted to the hospital. After nine days she was discharged, and the doctor called and asked to talk with her father privately. They met, and the doctor said, 'You know, I think this "condition" may be all in her head.'

"One of the hardest things we had to do was go home and tell Charlene that the doctor felt she wasn't as ill as she had thought. I remember she looked at her daddy and me and said, 'But Daddy and Mama, you've seen the blood in the commode; could that be my imagination? It's real! I can't go out sometimes because I'm afraid to be away from the bathroom. I really don't feel

A year before her acute attack, Charlene won second runner-up in the Miss Indiana Teenage Pageant.

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comfortable going out with my friends anymore.'

"When we realized the doctor's feelings about her case, we thought, *Where do we go now?*" Charlene's mother recalls. "He was one of the top internists in the area. Our daughter thought that, too."

Charlene's condition continued to decline after she came home from the hospital. "She started going to school, but she would come home and just lie in bed, pale," her mother remembers. "Her stomach cramps became unbearable." The Comstocks' family physician ordered more blood tests for Charlene. After reading the results, the doctor hospitalized her immediately.

"This time, she was sent to Indiana University Hospital. There, the doctors finally said, 'Yes we do feel now after all the tests that she has ulcerative colitis,'" Char said, "and her condition had deteriorated so fast that an ileostomy was necessary. Charlene asked the surgeon, 'Will I be able to be a mommy some day, if I marry?' I felt that was a very valid question. The doctor assured her that everything would be fine. She said, 'All right, let's do what has to be done.' Eight hours later, when she emerged from surgery, she was still a very positive young lady. When doctors stopped by on their rounds and asked how she was feeling, she answered that she felt okay today but not as good as she knew she would feel tomorrow. Her attitude was so positive that the doctors asked her to reassure a young boy on the ward facing similar surgery. She was happy to help."

Charlene's recovery went normally for about a week. Then complications set in. The stoma (the opening in the abdominal wall created by the ileostomy) became inactive, requiring a second operation. Then, at Riley Hospital for Children in Indianapolis, Charlene contracted chickenpox from another patient with whom she had had no direct contact.

A normally active teenager, Charlene enjoyed bicycling, horseback riding, and dancing.

In her junior year, Charlene was a drum major in the high school band and a candy striper at the Jennings Community Hospital.

Because chickenpox is a highly contagious virus that can travel through air ducts with surprising speed, Charlene was vulnerable. She was on steroids, which are immunosuppressants, and the virus was able to overwhelm her weakened immune system. She simply couldn't fight back.

She fell into a coma. Her mother remembers one of the very last things she said to her daughter. "I kissed her on the cheek and I said, 'I love you so much.' A little tear dribbled out of the side of her eye. She couldn't talk, but I knew that she could hear me."

Greg Comstock, Charlene's big brother, shares his parents' grief and says ulcerative colitis robbed him of

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Her smiling face often masked discomfort and pain.

"I had never seen such a look on my parents' faces. It was a look of total loss, helplessness, and frustration."

Her dream of becoming a pediatrician was attainable—she ranked seventh in a class of 200.

his and Charlene's dream to someday jointly practice medicine.

"She was really more than a sister," he explains. "She was probably my best friend. We shared a lot of opinions and concerns, and we often talked about going into medicine together."

Charlene's illness came to the forefront when Greg was a junior in college. "I recall it was close to final exams, and I was trying to cram a semester's worth of learning into a few days. Mom and Dad called to say Charlene had been taken to the hospital with an acute flareup of her ulcerative colitis. She was receiving intravenous fluids and corticosteroids, but things looked pretty good. Later, they called with the news that the family physician had recommended that she be taken to Indianapolis.

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IBD *Special Report*

UNLOCKING THE SECRETS OF IBD

On the trail of the cause and cure for this elusive disease, researchers from New York to Los Angeles are discovering better treatments and offering new hope for Crohn's and colitis patients.

by Cory SerVaas, M.D.

Although much remains to be learned about ulcerative colitis and Crohn's disease, recent advances in diagnosis and treatment may offer patients new hope. The *Post* spoke with many prominent inflammatory bowel disease specialists around the country to learn how the latest research is helping people with this devastating illness.

The Case for Cyclosporine
with Dr. Daniel Present

Dr. Daniel Present, clinical professor of medicine at Mt. Sinai School of Medicine in New York City, is an authority on the medical management of IBD. He played a central role in the development of the Ileitis and Colitis Foundation that later became the Crohn's and Colitis Foundation of America (CCFA). He is currently chairman of the CCFA's Patient Education Committee, and his wife, Jane, is chairman of the board. Dr. Present pioneered the use of cyclosporine, which is helping patients with acute IBD avoid surgery.

Dr. SerVaas: A few decades ago, medical students were told that young people with ulcerative colitis could just curl up and die during an acute flareup. But early recognition and treatment has changed that?

Dr. Present: Yes, that doesn't happen anymore. Now we're alert to what's going on. For kids who are wasting away, we have enteral nutrition and feedings. We rarely have a patient die of Crohn's disease or ulcerative colitis. If you catch them early and diagnose the problem, you can treat it.

Dr. SerVaas: You were one of the first clinicians to use cyclosporine in treating inflammatory bowel disease, and now it's proving useful for acute ulcerative colitis.

Dr. Present: Yes. We have been using cyclosporine to treat acute ulcerative colitis, and we've been salvaging patients' colons. We've found that for every 100 patients who assuredly would have needed surgery, we can get 80 of them through the acute stage without surgery. Sixty of those patients then go into remission and stay well. Previously, we would have expected one or two of those patients—or even none—would ever improve and avoid surgery.

By choosing the worst cases, it was easy to do a study, because in those patients, we had not seen many responses. I said that if we can get one out of every three better, it would be dramatic. When we saw 80 percent improvement during the acute phase—actually 82 percent—we were absolutely shocked. Of course, the next question was whether they would quickly get sick again when we sent them home. It turned out that three fourths of those who went on cyclosporine stayed well, and so overall, 60 percent of all the patients stayed well.

Dr. SerVaas: How long do you keep patients on cyclosporine?

Dr. Present: Six months. We picked that number empirically, because we thought if they didn't heal in six months, they probably wouldn't. Now that we've finished the study, we take some patients off the drug sooner. That's an advantage with cyclosporine; in six months, the patient certainly wouldn't suffer any long-term side effects.

Dr. SerVaas: After cyclosporine, does the colon look well again?

Dr. Present: Yes, we can see complete healing. We've also seen complete healing with a kind of pockmark scar that looks like the surface of the moon. What's very interesting are the people who come to surgery after failing cyclosporine therapy. Our pathologist tells us he's seeing a picture that's unique. He hasn't put it all together yet, nor has he published it. Is it because these patients were so sick and are now getting a different kind of therapy and are healing differently? Or is it the cyclosporine that's doing it? I think it probably depends on how long and how severely these people were sick.

Dr. SerVaas: But they can function well after cyclosporine?

Dr. Present: Yes, certainly.

Dr. SerVaas: Does cyclosporine work equally well for Crohn's disease?

Dr. Present: That's an interesting story. When researchers at the Sandoz company got involved with cyclosporine and bowel disease (about the same time we started our work with ulcerative colitis patients), they studied Crohn's patients. Their controlled trial was published in the *New England Journal of Medicine* and showed that the drug worked on some patients. Two subsequent studies of Crohn's showed that cyclosporine did not work in chronically ill patients. We've been using it for Crohn's patients with fistulae [abnormal passages between internal organs or the perianal area], but

> *"We rarely have a patient die of Crohn's disease or ulcerative colitis. If you catch them early and diagnose the problem, you can treat it."*

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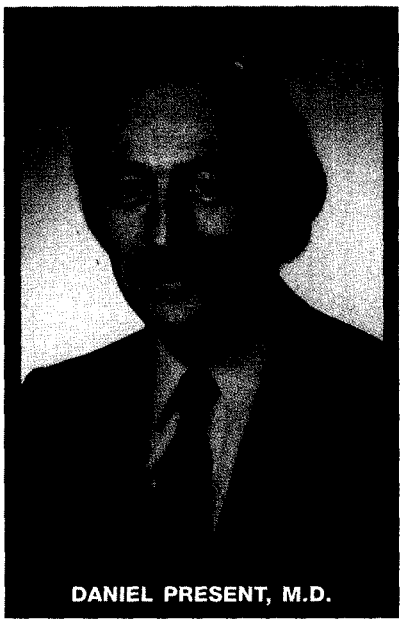
we've been using it differently. We put patients in the hospital and give it to them intravenously, with dramatic results.

A small study was published in May 1993, and we have a larger study that will be published in *Digestive Diseases and Sciences* in which we've shown dramatic healing of the fistulae.

Dr. SerVaas: Is there any kidney or liver toxicity with cyclosporine?

Dr. Present: Kidney toxicity, yes, but in our hands—watching carefully—we have not had too many problems. Liver toxicity is a potential, but we haven't had much problem with that, either. We've had a couple of people suffer neurological seizures while taking cyclosporine. If the fats in the blood are too low, cyclosporine crosses into the brain more readily and can produce those seizures. It's a potent drug. I think one has to become experienced with it. I don't think every practitioner on the street should go and start using it without some experience.


DANIEL PRESENT, M.D.

"When we saw 80 percent improvement during the acute phase, we were absolutely shocked."

Dr. SerVaas: You were a fellow at Mt. Sinai, which is also where the CCFA was formed?

Dr. Present: Yes. My chief was Dr. Henry Janowitz, and when I was about to go into practice, he asked me if I would work with him in taking care of his patients. Just at that time, Mr. Irwin Rosenthal, a lawyer whose wife was Dr. Janowitz's patient, met with us to ask what research was going on in this terrible disease that was ruining his wife's life.

"Very little," said Dr. Janowitz. He said that the National Institutes of Health were supporting either nothing or very little research in the field—probably to no more an extent than $25,000. So Mr. Rosenthal offered to raise $25,000 for us to begin some research at Mt. Sinai. Dr. Janowitz asked him if he was really willing to do that; he replied, "Yes, get it started." Dr. Janowitz turned to me and said, "Well, you help get it started." So I became a kind of messenger boy, dealing with the technicalities of putting it all together. Dr. Janowitz prepared a list of all the possibilities that might be considered and then decided which projects we would begin with. My own choice was to work on immunosuppressants—on 6-mercaptopurine—which was to be the forerunner of my involvement with cyclosporine.

So I received the first grant from this new foundation, for about $10,000. That year, Mr. Rosenthal did raise about $25,000, but we only spent about $15,000 or $16,000. Subsequently, this grew into the Ileitis and Colitis Foundation, which started at Mt. Sinai and eventually became the CCFA—the Crohn's and Colitis Foundation of America.

My wife, Jane, asked one night what I was doing for dinner. I said, "I'm giving a talk for the Ileitis and Colitis Foundation." She said, "But couldn't we have dinner?" I said, "Why don't you come with me and then we'll go out to dinner afterwards?" So Jane's sitting in the audience, and Mrs. Modell, our most active fundraiser, turned to her and said, "Jane, you should be involved in this, too." So my wife became involved and, 20-some odd years later, she became the president of the foundation. When she took over the CCFA, it was raising $2.6 million, and when she finished four years later, during a recession, it was raising over $6 million.

Dr. SerVaas: Ulcerative colitis patients are more prone to colon cancer. Are there new things in the wings that may help to monitor and catch colon cancer early?

Dr. Present: It's a mixed bag here. We're now saving the colons, and we have many people who have had severe disease with most of their colon involved. We're going to end up closely watching them for colon cancer. I don't think the cyclosporine will play any role. This risk of cancer, I predict, will be exactly the same, with or without cyclosporine.

But, as you're implying, what we're looking at now are better techniques to detect cancer earlier. In other words, can we detect cancer beforehand in those people at high risk? At the moment, we're doing surveillance colonoscopies, which are quite helpful, but not perfect. I just saw a patient three weeks ago who was feeling wonderful. She had had the disease for 25 years and came in for a colonoscopy. We found high-grade dysplasia, which meant that either she had cancer or would have it within the immediate future. We had to take out her colon when she felt perfectly fine, but, thank goodness, we found it. She's unhappy to have had the surgery, but at least we saved her life. What we really need are newer techniques to predict who's going to develop colon cancer.

Dr. SerVaas: What about the blood tests, such as the ones researched for the detection of cancer in the pancreas and ovaries?

Dr. Present: When blood tests are positive, it's usually too late. I think the answer will be, as we learn about the genetics of the disease, that we will be able to predict colon cancer in some people who are at a high risk, depending on the genetic pattern. I think this is probably going to happen with ulcerative colitis. But right now, the best we have is surveillance colonoscopy to look for dysplasia.

"What we really need are newer techniques to predict who's going to develop colon cancer."

Dr. SerVaas: Do you have any hunches about what it is that causes IBD?

Dr. Present: I don't think there's much question that it's a genetically predisposed disease.

Dr. SerVaas: But what causes a flareup?

Dr. Present: Something triggers it, and I think there are probably multiple triggers.

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In some people, it may be an infection, and in others, exposure to a certain drug. The immune system, once triggered, has an overactive response. It's a combination of factors that is really taking place here.

Dr. SerVaas: A lot is being written about free radicals and antioxidants these days. Do both of these play a role in IBD?

Dr. Present: Most people feel that free radicals do play a role in the activity of ulcerative colitis. If you can control free radicals, you may diminish the inflammation. The big problem with that issue tends to be: Is it a primary or secondary response? In other words, are free radicals contributing to the disease process, or are they just a by-product? Some drugs are being tried in this regard. The standard drug, sulfasalazine, is said to work against free radicals.

Tracing Genetic Links
with Dr. Stephan Targan

Dr. Stephan Targan, professor of medicine at the UCLA School of Medicine, is also chairman of the National Scientific Advisory Committee of the CCFA and director of the Cedars-Sinai IBD Center in Los Angeles.

Dr. SerVaas: Dr. Targan, is it true that two genes have been recently identified—one associated with Crohn's disease and the other with ulcerative colitis?

Dr. Targan: Yes, it is. The finding, which came out recently, is that a specific class of genes associated with ulcerative colitis differs from the one in Crohn's disease. In other words, they're different diseases at the genetic level.

STEPHAN TARGAN, M.D.

Dr. SerVaas: What does this mean scientifically? Does a clinical test exist?

Dr. Targan: I think those are separate issues, from my perspective at least. What we have demonstrated this time is there is a particular, different association, different genes, that are associated with Crohn's and ulcerative colitis—two kinds of inflammatory bowel disease.

Dr. SerVaas: Could this finding help physicians who are presently struggling to differentiate between Crohn's and colitis?

Dr. Targan: A blood test could help differentiate between those diseases, but it is not genetic analysis. A physician could send a serum specimen to a laboratory that does a test called ANCA [anti-neutrophil cytoplasmic antibody]. Other laboratories do the ANCA test, but not in as sensitive a fashion as we do. We founded it here, and we do it more frequently.

Dr. SerVaas: Have you had success with cyclosporine?

Dr. Targan: Yes, an enormous response to it. We have treated a lot of patients here at Cedars-Sinai, and we get an 80 percent positive response in our patients.

Dr. SerVaas: Do you give it along with sulfasalazine and even along with intravenous steroids?

Dr. Targan: Yes, hydrocortisone. That's correct.

Dr. SerVaas: What is the longest you've kept a patient on cyclosporine?

Dr. Targan: Over a six-month period of time, if the patient responds to cyclosporine, we put him on a high dose of mesalamine. Then, when the patient is out of the hospital, we usually start him on 6-mercaptopurine and taper down the steroids. Then we taper the cyclosporine. We continue the 6-mercaptopurine.

Dr. SerVaas: How quickly do you see patients respond to cyclosporine?

Dr. Targan: As quickly as 36 hours, but the median time for a response is about five days.

Dr. SerVaas: In your opinion, what surgical options do patients have?

Dr. Targan: If a doctor has to do surgery, one of the options is to do a hemicolectomy [removal of half of the colon] and not do a proctocolectomy [removal of the entire colon and rectum] at all. I've seen this done. Most of our surgeons will do that if the physician doesn't actually know which disease he is dealing with, for example, or if the patient is so ill that the usual colectomy would not be indicated.

Dr. SerVaas: What about a patient with much bleeding who requires transfusions?

Dr. Targan: Then it is a question of timing. I think transfusions are going to be necessary to help the cyclosporine really work effectively.

Dr. SerVaas: Is there a danger of continuing the transfusions too long?

Dr. Targan: No, but I think once the cyclosporine starts to work, what the physician will find out, probably, is that the requirements of transfusion will be much less—the bleeding may stop. I have put people on cyclosporine who were having 20 bowel movements with blood a day, and within 36 hours, they have only one bowel movement. When you check again in 48 hours and look at their mucosa, it is as if the problem never occurred. You can't believe it.

> "A specific class of genes associated with ulcerative colitis differs from the one in Crohn's disease. They're different diseases at the genetic level."

Choosing the Right Treatment
with Dr. Stephen Hanauer

Dr. Stephen Hanauer is professor of medicine at the University of Chicago School of Medicine, one of the country's leading IBD research and clinical centers. He is also director of

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the Logan Center for Gastrointestinal Clinical Research. We asked Dr. Hanauer to tell us about the blood test that differentiates between Crohn's disease and ulcerative colitis.

Dr. Hanauer: The ANCA test has been used in patients with known ulcerative colitis and known Crohn's disease. In that group, it's only about 60-80 percent positive in ulcerative colitis, so we don't know if it is a test that will differentiate between the two.

Dr. SerVaas: Do you think the genetic analysis that Dr. Targan is doing at Cedars-Sinai is more sensitive?

Dr. Hanauer: Such tests are very important, but not much help in individual cases for distinguishing between ulcerative colitis and Crohn's. We know that the HLA (human leukocyte antigen) types that are more common in these diseases are only present in perhaps 25-30 percent of patients. So these are not diagnostic tests, but tests that help us identify genetic association and, eventually, a genetic predisposition for these diseases. However, these tests are not of any practical value in the management or diagnosis of patients right now.

Dr. SerVaas: When a physician sends a patient to surgery, does he usually have a pretty good idea whether it is Crohn's or ulcerative colitis?

Dr. Hanauer: It is rare for a Crohn's patient to have pure colitis without any small intestinal disease. Only about 20 percent of patients with Crohn's disease have pure Crohn's disease in the colon, so we have difficulty in a small proportion differentiating Crohn's from ulcerative colitis. We have more difficulty differentiating in patients with very severe inflammation of the colon, where the features that help us differentiate between the two are lost because of the severity of inflammation.

Dr. SerVaas: Are you having as great a success with cyclosporine as Dr. Daniel Present reports?

Dr. Hanauer: Yes. I worked with Dr. Present on that paper. We continue to have a very good response rate in patients with very severe ulcerative colitis. The other type of disease in which we find good results is Crohn's, when patients have refractory [not responsive to treatment] fistulae.

The trouble in both kinds of patients is that we are not certain of the long-term outcome after cyclosporine therapy. Clearly, 80 percent or so of patients get better, but that doesn't mean that they will remain well. We need to follow these patients over time to see if they continue to do well. Cyclosporine is a very intensive, potent therapy. It is very expensive and has many side effects. I don't think it is a good long-term therapy because of its expense and side effects. So, it needs to be replaced by some other maintenance therapy, either an alternative immunosuppressant drug, such as 6-mercaptopurine or azathioprine, or some other maintenance therapy for ulcerative colitis, such as high doses of mesalamine.

Dr. SerVaas: In your practice, how does mesalamine compare to sulfasalazine? [For years, the standard medication in IBD was sulfasalazine. Mesalamine (5-ASA) is the active part of the sulfasalazine molecule.]

STEPHEN HANAUER, M.D.

Dr. Hanauer: In the 5-ASA group of medicines, there are really three advantages. Number one, they have fewer side effects. Number two, because they have fewer side effects, we can increase the dose so we can get more effective doses. Number three, by virtue of the different delivery systems, we now have the potential to put this drug anywhere. So you can get Pentasa in the small or large intestine, Asacol primarily in the large intestine, Dipentum in the large intestine and the topical formulation either into the rectum as a suppository or into the left colon with an enema—and all of these without side effects.

Dr. SerVaas: The wife of one of our employees has an ileostomy. She brought me some literature about an internal pouch at the ostomy site.

Dr. Hanauer: Did she have ulcerative colitis?

Dr. SerVaas: Yes.

Dr. Hanauer: Did she have her rectum removed?

Dr. SerVaas: Yes. The surgery was done in North Carolina. She said that as long as her rectum remained, she remained ill. She doesn't think she has enough rectal tissue or the anal sphincter muscles to have the ileoanal pouch. Do you recommend the internal pouch at the stoma site? Do you know any surgeon who is particularly experienced and successful making that type of pouch?

Dr. Hanauer: I would recommend Dr. Victor Fazio (Cleveland Clinic). He's one of the most experienced in making these pouches at the stoma site.

Dr. SerVaas: She wanted to know if the length of time since the ileostomy surgery is a factor in determining whether the pouch surgery can be performed.

Dr. Hanauer: No. That doesn't matter at all.

Dr. SerVaas: Is IBD still considered more prevalent among Jewish people?

Dr. Hanauer: Jews are more disposed to it than those with other ethnic backgrounds, but if you look at the overall prevalence, it is clear that more non-Jews than Jews have it. Jews are at higher risk, but it's almost exclusively Jews of European descent.

Dr. SerVaas: Do you have any idea why those people seem to get IBD more often than other ethnic groups when they move to this country?

Dr. Hanauer: It's interesting that these are diseases of cleanliness, rather than diseases of poor sanitation. There is an inverse correlation between infectious diarrhea and the likelihood of IBD, so in countries where sanitation is poor, inflammatory bowel disease is unknown. On the other hand, in countries where the sanitation is very good, the incidence and prevalence are higher. It's suspected that

"It's interesting that these are diseases of cleanliness, rather than diseases of poor sanitation. In countries where sanitation is poor, inflammatory bowel disease is unknown."

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having a lot of bacteria in areas of poor sanitation may make the body's immune system more tolerant. In more sanitary countries, the gut may be less tolerant to an infectious or environmental agent. It's interesting, also, that these epidemiologic features are similar for other autoimmune diseases like rheumatoid arthritis or multiple sclerosis. All of these have possibly been associated with some environmental inciting agent, such as an infectious agent that may be present in the exposed individual.

Dr. SerVaas: You have written that providing bowel rest by using parenteral feeding is not helpful in the treatment of ulcerative colitis.

Dr. Hanauer: Right. There may be several reasons. One is that the colon actually requires nutrients in the form of short-chain fatty acids. These are breakdown products of carbohydrates in the colon that actually feed the epithelial lining of the colon. It's thought that, perhaps in ulcerative colitis, the lining of the colon is starved, and that may complicate the inflammation. So bowel rest, which prevents the formation of short-chain fatty acids by eliminating carbohydrates, may make it worse. That is one hypothesis as to why bowel rest may not help in ulcerative colitis.

Dr. SerVaas: Are some physicians still treating ulcerative colitis with bowel rest?

Dr. Hanauer: We did that during the mid-'70s, but controlled trials have shown no value to that.

Dr. SerVaas: When you say that Crohn's disease responds to nutritional interventions, what other nutritional interventions are there in Crohn's besides bowel rest?

Now in Remission

For many years, ulcerative colitis has been a fact of life for Ina Kantor. She began experiencing the disease's debilitating symptoms as a teenager and, over the years, has learned to deal with its occasional "flares."

"It's something I've had on and off since I was 18 years of age, but I don't know if it was actually diagnosed as ulcerative colitis at that time," Kantor remembers. "That's when the symptoms started, though. I've had many years where I have been symptom-free, and then it would just flare periodically."

The worst flareup occurred last summer, when the disease hospitalized Kantor for the first time.

"It [the flare] had been going on for several weeks. The doctors were trying to treat me as an outpatient," she recalls. "However, this time, I was experiencing a very severe weight loss. The doctors were very concerned about the lack of nutrition, because I was losing a lot of blood as well. That's when they decided to hospitalize me."

At 5'4", Kantor normally weighed around 133 pounds. During the following six to eight weeks, she lost 25 pounds.

"When I was first admitted to the hospital, they really didn't give me very much, other than intravenous steroids, but I was still having some bleeding and losing some weight," she says. "They decided to give me additional intravenous nutrition and, at a subsequent point, I did have a transfusion of two pints of blood. Once I had the transfusion, though, I began to improve, which was very interesting."

Unlike some IBD patients, Kantor's condition continued to improve, and she was able to avoid surgery. After 3½ weeks in the hospital and one week of rest, Kantor began to resume her busy schedule, working part-time at first. She has since resumed her life full swing; her appetite has returned, and most of the symptoms have disappeared. Kantor meets with her physician, Dr. Stephen Hanauer, about once a month. Dr. Hanauer and his team monitor Kantor's medications: Imuran, an immunosuppressant, and prednisone, a steroid.

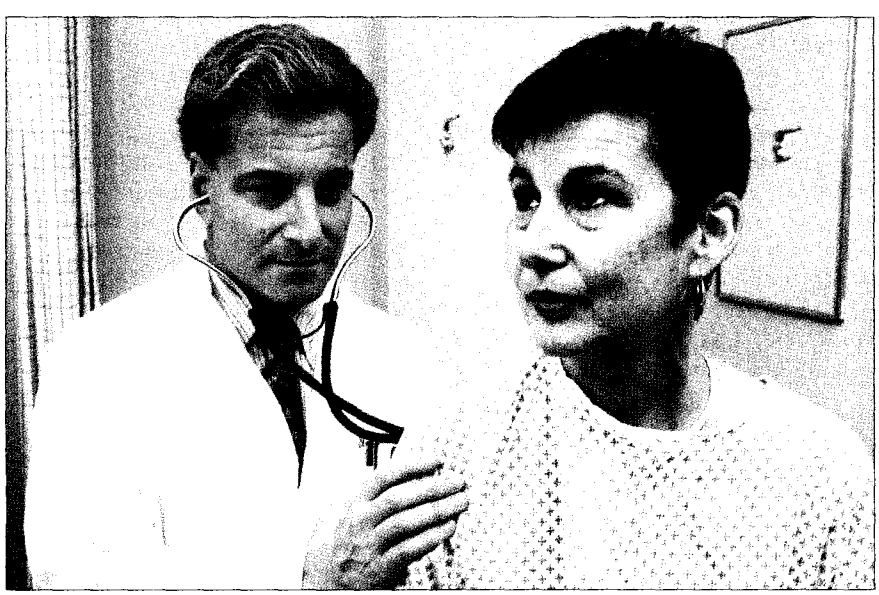
Kantor's prognosis? "I hope it's good," she says. "Things seem to be improving. It's just that you never know. This is *not* a cure. All the medication will do is, hopefully, give me a long-term remission. I guess the only real cure is surgery, but I would like to avoid it, if possible, and keep my colon for as long as I can."

After years of reflection on the disease, Kantor believes that genetics are involved in IBD. She took a close look at her own family tree and discovered a link.

"I think there is a tendency for the disease to run in families, but I know that it can probably be aggravated by a host of other things: stress, environment, or whatever," Kantor says. "I have a first cousin who has Crohn's disease, not ulcerative colitis, and I think my maternal grandfather had other digestive problems. Eventually, he did have esophageal cancer and ulcers. Whether or not that means anything, I don't know, but my first cousin on my mother's side also has Crohn's disease. I've talked to other people who have other family members with one or the other."

Fortunately, Kantor's children remain free of IBD. Nevertheless, she says, "I'm keeping my fingers crossed."

—Patrick Perry



Now in her early 50s, Ina Kantor began dealing with the pain of IBD as a teenager. Only recently, however, did a flareup land her in the hospital under the expert care of Dr. Stephen Hanauer. So far, she has avoided surgery.

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Dr. Hanauer: An elemental diet.

Dr. SerVaas: What can you tell us about that?

Dr. Hanauer: An elemental diet is composed of pure carbohydrates and long-chain fatty acids and proteins already broken down, rather than complex carbohydrates and complex proteins, plus a small amount of fat. So there is no fiber, no complex carbohydrates, and no protein source such as milk or casein in it. It is essentially a pure, digested diet that is very easily absorbed in the upper part of the small intestine. Virtually no residue comes through.

Dr. SerVaas: What preparations for elemental diets are available?

Dr. Hanauer: Vivonex T.E.N. is one example of an elemental diet preparation.

Dr. SerVaas: Do patients have any problems at all switching back to a normal diet?

Dr. Hanauer: The trouble is that they do better while they are on the elemental diet, but once they come off it, they tend to relapse.

Dr. SerVaas: So, after a serious bout or flare, are they willing to stay on an elemental diet? Do manufacturers make a variety of these diets that taste different?

Dr. Hanauer: They are pretty bland—a pretty boring diet, which is one of the problems. They are also pretty expensive. The most successful use of elemental diets has been in children whose parents have become aware that the child's growth is being retarded. The usual means of administering the diet is to put a small tube down the child's nose at bedtime and use nasal feeding. In adults, it generally requires about two to three quarts of fluid a day. It is pretty expensive, and they don't tolerate it very well.

Dr. SerVaas: How long does a patient usually stay on the diet?

Dr. Hanauer: Four to eight weeks.

Dr. SerVaas: So then what happens when a serious flareup of ulcerative colitis can't be controlled by conservative medical therapy? Do you take out the colon?

Dr. Hanauer: Fortunately, that is not very common anymore.

Dr. SerVaas: Is that because of medication?

Dr. Hanauer: Right. We've also learned that in surgery, you remove the smallest amount possible.

Dr. SerVaas: So if the disease skips the transverse colon, would you try not to remove the whole colon?

Dr. Hanauer: Well, with the colon, we don't care so much, because you don't need the colon. But you do need the small intestine, because it absorbs the nutrients.

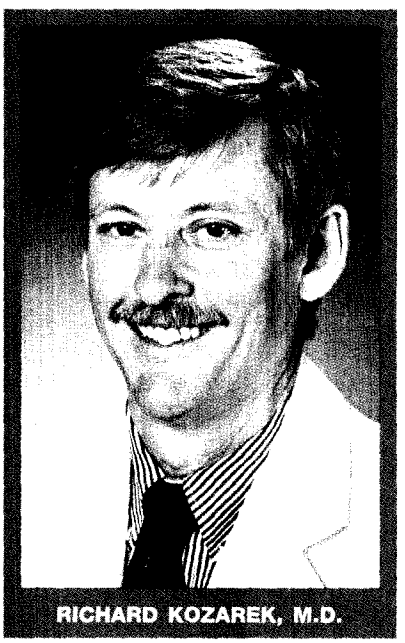
Longevity, Pregnancy, and New Drugs

with Dr. Richard Kozarek

Dr. Richard Kozarek practices gastroenterology at the Mason Clinic in Seattle and is clinical associate professor of medicine at the University of Washington School of Medicine. He is recognized by other gastroenterologists as a national expert in the medical management of IBD, and he pioneered the use of the drug methotrexate to treat IBD patients.

Dr. SerVaas: Dr. Kozarek, do you still do colectomies frequently on ulcerative colitis patients?

Dr. Kozarek: In ulcerative colitis patients, there is still a significant incidence of colectomy. I think the initial cyclosporine data are exciting enough that many people are trying this in the precolectomy state to avoid the need for colectomy. But a lot of people with ulcerative colitis have a colectomy, either because of the refractory symptoms, or because this disease is clearly associated with an increased risk of cancer.



RICHARD KOZAREK, M.D.

Dr. SerVaas: What if a patient develops abnormal cells, indicating possible cancer? Will you automatically do a colectomy?

Dr. Kozarek: If you see dysplasia in the sigmoidoscopic or colonoscopic surveillance, then a lot of these people go to colectomy. One thing that may be looked at differently in the future concerning IBD patients' increased risk for colorectal cancer comes from a cooperative Swedish study. They felt that the increased incidence of cancer was related to long-term use of sulfasalazine, which is an antifolate, and that the cause may be a folic acid deficiency. Most doctors who take care of a lot of inflammatory bowel disease patients and are prescribing long-term sulfasalazine now supplement patients with a milligram of folic acid a day. That may decrease the risk of colorectal cancer, as the Swedish study suggests.

Dr. SerVaas: Does Crohn's disease often shorten lives? What is a patient's expected longevity?

Dr. Kozarek: Yes, it can. There is some decrease in life span, often from multiple surgical interventions and sometimes from the manifestations outside of the colon. For example, Crohn's disease patients can develop kidney stones for a variety of reasons. They can get periurethral inflammation with obstruction of one kidney or the other; they can experience liver changes—sclerosing cholangitis with secondary biliary cirrhosis—and that can manifest with varicose bleeding and eventual liver failure. You can get all manner of eye changes and joint problems and mouth and skin problems with it, and some of these things can be the predominant features in these patients.

Dr. SerVaas: What are your thoughts about the causes of inflammatory bowel disease?

Dr. Kozarek: As I understand IBD, it could be a viral or a bacterial infection, or some food toxin from which you get local gut inflammation that produces the tissue antigens to which your white blood cells

"There is some decrease in life span, often from multiple surgical interventions and sometimes from the manifestations outside of the colon."

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"If bleeding is massive, we don't usually think of being able to stop it with anything other than surgery."

become sensitized. Whatever starts IBD, it is perpetuated by the helper T cells—something that makes cytokines [mediators in the immune response]—and certainly that is what most users of immunosuppressants are going after right now.

Dr. SerVaas: What about pregnancy? In your experience, is it good or bad for IBD patients?

Dr. Kozarek: It can be both. In any given case, it's consistent for the patient. If they've got ulcerative colitis or Crohn's and they flare with the first pregnancy, they are going to flare with the second and third. If they get better with the first pregnancy, they are going to get better with the second and third. About a third of the people can flare, about a third are absolutely unchanged, and about a third can go into remission, so is that good or bad? The answer is both.

Dr. SerVaas: So you advise your young women patients to go ahead and have children?

Dr. Kozarek: Yes, if they have a strong desire to become pregnant and are not extremely ill. Most extremely ill patients with low proteins often can't become pregnant, anyway. Men who are taking sulfasalazine chronically can have low sperm count, which precludes getting their wives pregnant, so the physician may have to take them off sulfasalazine. There may be some anatomic problems with Crohn's disease patients who have had severe perianal fistulae. It may be difficult to deliver the baby other than by Cesarean section, but for most people with IBD, a lot of the problems are more of a nuisance than devastation. As with any chronic disease, you have to take all the factors into consideration, but if people truly want a family, then by all means let them try.

Dr. SerVaas: You mentioned bleeding as one of the four things that may require surgery. How do you stop bleeding in the colon?

Dr. Kozarek: If bleeding is massive, we don't usually think of being able to stop it with anything other than surgery. In the upper GI tract and other colonic lesions, we stop it with heater probes, injection therapy, bipolar cautery, etc. The problem with bleeding from colitis is that it is usually so diffuse that even if you put the scope up there and use a laser beam to spray the area, it is too large an area. However, there is an occasional patient with Crohn's who will bleed from a deep ulcer where the physician can render endothermy, as in an upper-G.I. tract ulcer, and thus preclude the need for surgery. Most bleeding in ulcerative colitis is an ongoing chronic ooze that the physician may be able to keep up with.

Dr. SerVaas: With transfusions?

Dr. Kozarek: With transfusions or iron, but usually with iron.

Dr. SerVaas: How did you become interested in IBD?

Dr. Kozarek: It's a long story and has to do with taking care of a number of IBD patients and being dissatisfied with the effectiveness and side effects from the existing drug treatment. We were not able to prevent major surgery or catastrophes associated with it.

Dr. SerVaas: You've seen a few deaths?

Dr. Kozarek: Sure, and cancer in chronic ulcerative colitis patients. It's very frustrating. So I started looking around for better drug therapy. We knew that methotrexate was kind of a lousy antitumor drug, but that it is a very good anti-inflammatory drug. It had been used with rheumatoid arthritis and polymyositis. Therefore, it made sense to try it with IBD. I also have a mother with Crohn's disease.

Dr. SerVaas: Is she doing well?

Dr. Kozarek: Yes, she does fine. She's had it many years. So, a variety of things got me interested in IBD, but it was mostly taking care of patients and feeling frustrated that I wasn't able to do more.

Dr. SerVaas: How old was your mother when she got Crohn's?

Dr. Kozarek: Probably in her 40s.

Dr. SerVaas: Does Crohn's typically occur at an early age?

Dr. Kozarek: Yes, it does. The classic teaching is that inflammatory bowel disease has bimodal distribution, in the teens and in the 50s and 60s. Although that is the classical teaching, some of what we call idiopathic inflammatory bowel disease in the older group is almost assuredly ischemic [deficient in blood supply] rather than inflammatory in nature.

These are the cases that have one attack that looks like ulcerative colitis. They get really sick, then they improve and never have another. That is probably not the same disease. It is probably either ischemic or infectious in origin, and if the latter is true, we just don't have the tools to figure out which bacteria or virus it is.

Dr. SerVaas: Do you have patients who tell you about certain foods that are a problem? And are many of them helped in preventing flareups by any kind of diet?

Dr. Kozarek: Yes. Everybody's got a particular food that sets him or her off, but the problem is that it is never the same, so there are all of these elimination diets one uses to try to get at the problem. I used to do all of that, but I don't do it anymore. It doesn't make sense. Certainly one thing in Crohn's patients, however, is that lactose seems to be a problem for some. If something bothers somebody, it is common sense that if every time you eat this you have problems, then stay away from it. If it happens one time out of two, stay away from it.

"Everybody's got a particular food that sets him or her off, but the problem is that it is never the same."

Dr. SerVaas: Do you treat children, as well as adults?

Dr. Kozarek: I treat refractory kids. We have three pediatric gastroenterologists in town who do the vast bulk of pediatric gastroenterology. So if the pediatric gastroenterologist has a refractory child he is considering putting on an immunosuppressant agent, he will often refer that child to me.

Dr. SerVaas: Do they use immunosuppressants on children?

Dr. Kozarek: For lots of reasons, you might not want to use immunosuppressants on kids. Usually, they've failed the elemental diets by the time I've seen them, so they're growth-retarded and they are steroid-toxic, and it's pretty obvious that they either end

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up having major surgery or immunosuppressant therapy. Often, a physician can put them on immunosuppressants and get them through the growth spurt and then consider taking them off in a few years.

Dr. SerVaas: Are you having success, and have you had much chance for follow-up yet with cyclosporine?

Dr. Kozarek: Cyclosporine is just one in a class of immunosuppressive drugs used to treat IBD, and it is one that has been variably effective. I think most people have accepted 6-mercaptopurine and azathioprine as useful agents, certainly to keep Crohn's patients in remission and probably to keep chronic ulcerative colitis patients in remission and as steroid-sparers.

Dr. SerVaas: Is your current interest in the early use of methotrexate?

Dr. Kozarek: Yes. We've been using methotrexate for a long time without an actual controlled study. We are waiting for the results of a controlled Canadian study either to support or refute our results.

Methotrexate is a folic acid antagonist which the rheumatologists have used for refractory rheumatoid arthritis. The pulmonologists have used it for refractory inflammatory forms of asthma, and the dermatologists for severe psoriasis. We started using it for ulcerative colitis and Crohn's patients in 1987.

We have some very good data to suggest that, for Crohn's patients, a once-a-week injection of methotrexate, or a comparable weekly oral dose, not only decreases the need for steroids in some patients, but eliminates the need for steroids in about two thirds of our patients. We can induce remission in about three quarters of those who were

A Case of the "Stomach Flu"

December 1992: Retail salesman Barry Brody, 44, was keying up for the year's busiest period; the last thing he needed was the flu. Nevertheless, three weeks before Christmas, Brody came down with what he thought was "a bad stomach flu."

After it came and went, he saw no reason to consult a physician. "Because of the hectic schedule," Brody remembers, "I just tried to shut it out of my mind." Life seemed to return to normal for this Illinois family man.

But six months later, Brody experienced a similar stomach pain; this time, he couldn't keep much food in his system. Unlike the first episode, Brody spiked fevers in the evening. That prompted him to contact a doctor.

Gastroenterologist Dr. Richard Aaronson listened to Brody's complaints of fever and stomach discomfort and examined him thoroughly. Suspecting a problem, Dr. Aaronson admitted Brody to St. James Hospital in Chicago Heights for a series of tests that included an ultrasound, a CAT scan, and a biopsy.

"I was in St. James for roughly three days before they transferred me to the University of Chicago," Brody explained. "Dr. Aaronson felt that an associate he knew there, Dr. Stephen Hanauer, would be the best person to treat the case the way it should be treated."

The University of Chicago Medical Center became home for Brody for the next three weeks.

"It was touch and go probably for the first ten days," Brody remembers, "because the medication Dr. Hanauer put me on didn't really work on a daily basis to the extent that they could actually graph an improvement every day."

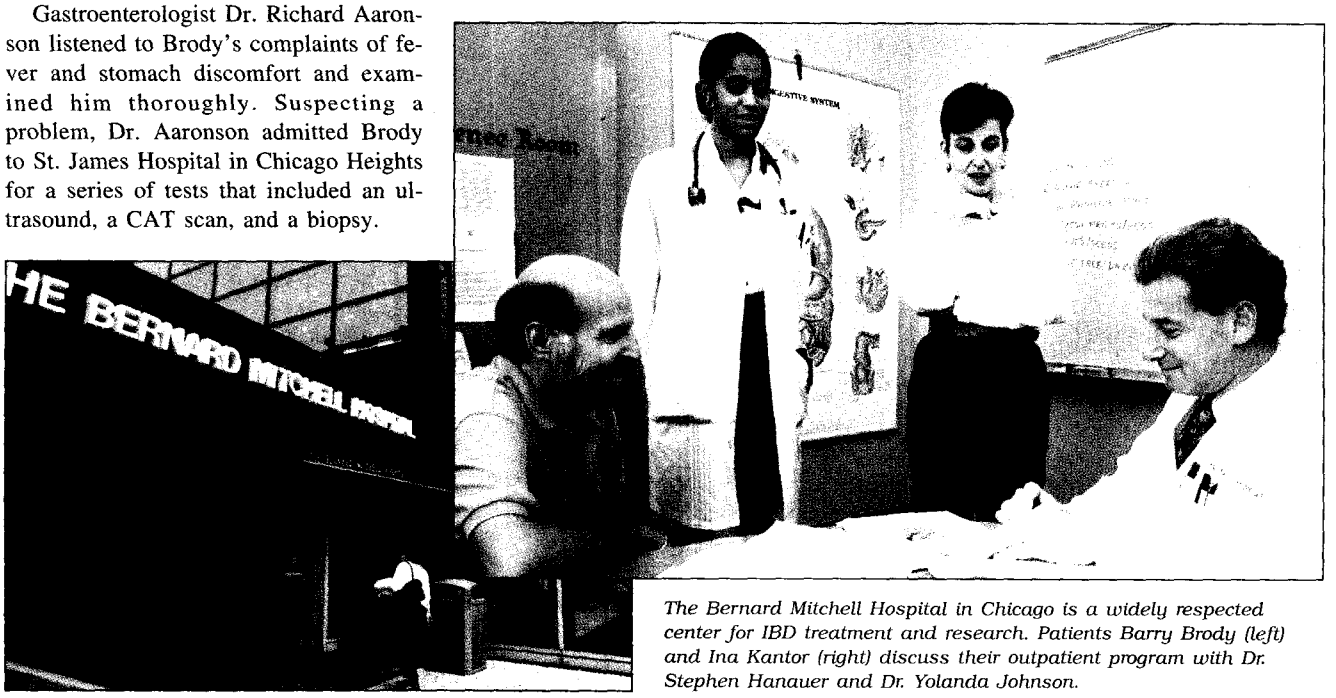
Brody had lost 18 pounds—a significant loss for a 5'7" man weighing 172 pounds. If the medication that Dr. Hanauer prescribed did not work, Brody faced surgery—an option he wasn't looking forward to.

Ten days into his stay at the UC medical center, Dr. Hanauer noted Brody showed no significant improvement. Then Brody's condition changed dramatically in the next 48 hours. "I guess you could say it was like a miracle," Brody commented, "because in the 48-hour period which determined whether I would go under the knife or continue on the medication, my body began to adjust and adhere to the medication."

The improvement was so dramatic that the x-ray technician double-checked Brody's name to be certain he had the right patient.

Ten days later, Brody was discharged from the medical center. Today, he visits Dr. Hanauer as an outpatient. He believes that he will gain back his former weight, now that he has resumed eating solid food.

—Patrick Perry



The Bernard Mitchell Hospital in Chicago is a widely respected center for IBD treatment and research. Patients Barry Brody (left) and Ina Kantor (right) discuss their outpatient program with Dr. Stephen Hanauer and Dr. Yolanda Johnson.

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previously refractory to other forms of therapy. Our experience with Crohn's is that methotrexate is an excellent remission-inducing agent. It keeps people in remission, and it gets them off most additional medications.

Our experience in ulcerative colitis, on the other hand, is that we can induce remission with methotrexate, but patients become refractory to the drug within 6-12 months. As I said, cyclosporine is just another form of immunosuppression. However, if you use it long-term, it has many more side effects than the other agents.

Dr. SerVaas: What are the most important side effects of cyclosporine?

Dr. Kozarek: The most important is that cyclosporine can cause progressive kidney impairment over time. It also can cause paresthesia—shooting pains in the legs. It can cause hypertrophy of the gums, and it can predispose to infections.

Data show that in acute ulcerative colitis in a pre-colectomy state, when you've got somebody in the hospital who's on high dose steroids, by adding a continuous infusion of cyclosporine, you can preclude the need for colectomy in about two thirds of cases. For chronic ulcerative colitis and for chronic Crohn's disease, the data are muddier. I use cyclosporine, but I use it sparingly because of toxicity and the cost in the long term.

Several designer immunosuppressive agents are being created in the lab for a variety of inflammatory situations, which include ulcerative colitis and Crohn's. Among them are interleukin 1 and interleukin 2 receptor antagonists and drugs that hit one of the cytokines, one of the mediators of any inflammatory process. They're being used in animal models now and may eventually play a role in inflammatory bowel disease.

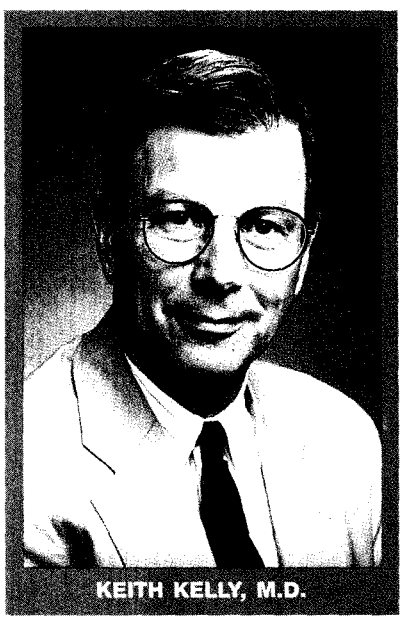
Then there is an exciting German study that is treating refractory inflammatory bowel disease with antibodies to the helper T lymphocyte, the white blood cell that perpetuates the inflammation of Crohn's disease and, possibly, ulcerative colitis.

So lots of unique treatment options are coming on-line from the immunosuppressive drug standpoint. A host of 5-ASA compounds have been released or are soon to be released in this country, as well as the leukotriene inhibitor by Abbott, zileuton, which is proving itself useful in ulcerative colitis. Lots of new stuff is coming; this is a very exciting time.

Dr. Keith Kelly is recognized as an authority on surgery for IBD, particularly on alternatives to the standard (Brooke) ileostomy. While at the Mayo Clinic in Rochester, Minnesota, he was chairman of the department of surgery and led a team of surgeons who performed more ileal pouch-anal anastomoses than any other center in the world. Dr. Kelly now practices at the Mayo Clinic in Scottsdale, Arizona.

Dr. SerVaas: How many of the ileal pouch-anal anastomoses (IPAAs) has your group at the Mayo Clinic done?

Dr. Kelly: The Mayo Clinic group has done about 1,600 of these. We started doing the operation back in 1981. It hasn't completely replaced the older surgery with the permanent ileostomy, but it nearly has. It certainly is an attractive procedure, because it restores the usual pattern of having bowel movements through the anal canal and avoids the external bag, which is particularly important for young people. Most people with colitis are in their 20s or 30s, so not having the bag is a real advantage.


KEITH KELLY, M.D.

Dr. SerVaas: We know a patient who had a colectomy but didn't have enough rectum left to be considered for this kind of surgery. Are many colectomy patients left without an option?

Dr. Kelly: It is important to save the lower part of the rectum and the anal canal where the anal sphincters are, because you need to have your own *pucker power*, so to speak, to maintain your continence. Actually, if we do the operation in several stages, we try to save the whole rectum, if we can. It's about a six-inch section of bowel, including the anal canal.

Dr. SerVaas: Do symptoms and complications often persist, though, after performing an ileostomy with rectal tissue remaining?

Dr. Kelly: Sometimes the involvement in the rectum is pretty bad, and then the disease will smolder until the rectum is taken out.

Dr. SerVaas: Does that mean there is no hope for an IPAA in those particular patients?

Dr. Kelly: If the rectum and anal canal have been removed, then there is no hope. But if the anal canal and anal sphincters remain, then there is still a possibility.

Dr. SerVaas: How many stages are required to perform the IPAA?

Dr. Kelly: Two stages, usually. For the first operation, we remove the colon and the lining of the rectum, then make the pouch and sew the pouch into the anal canal. Then we would put a temporary opening, or stoma, the ileostomy, upstream from all of this surgery to let it all heal up. Then at the second operation, which is a much smaller procedure, I tell all of my patients that if the first operation is 100, the second one is only 10. Some patients say, "Doctor, it is only five." That is, they usually get through the second procedure much more easily.

Dr. SerVaas: So the colectomy is the major procedure.

Dr. Kelly: Yes.

Dr. SerVaas: Could patients who had a colectomy five years ago come to you and have the IPAA done?

Dr. Kelly: As long as their rectums are still in place and they have their anal sphincters, it is still possible.

Dr. SerVaas: But most of them don't, do they?

Dr. Kelly: Most of them don't. So under those circumstances, we can't do the IPAA. There is another alternative for those patients and that is to make what we call a continent ileostomy. This is where we make a pouch just underneath the stoma and create a valve out of the intestine to keep the pouch from leaking out onto the skin surface. The patient empties this pouch by passing a tube in through the stoma and letting the contents drain through the tube and into the toilet. The tube is

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then removed, and a small bandage is placed over the stoma. But the patients don't have to wear a bag, because the gas and bowel contents are collected in the pouch inside. That procedure has worked very well for many patients.

Dr. SerVaas: How many of these continent ileostomies have you done?

Dr. Kelly: We must have done 500 or 600 of those patients. Most of them were done during the '70s. Since the IPAA came in during the '80s, we haven't done as many, but we are still doing them. In fact, I just did a continent ileostomy this week.

Dr. SerVaas: So the continent ileostomy is usually for those who don't have rectal tissue left.

Dr. Kelly: That's right. This patient didn't have rectal parts.

Dr. SerVaas: I have something on my desk from the Continent Ostomy Centers. Is that connected with the Mayo Clinic?

Dr. Kelly: No, it's another group, but they have also done this type of surgery.

Dr. SerVaas: Do you have more women than men getting pouches?

Dr. Kelly: Actually, there is a slight difference between women and men, and I think that the men are slightly more frequent than the women, but it is almost identical.

Dr. SerVaas: Does the pouch interfere with pregnancy?

Dr. Kelly: No. The patients have normal sexual function, in both sexes, and women do become pregnant. We have had many women who have delivered viable, healthy children. Sometimes our patients have delivered the baby vaginally, and sometimes they have had Cesarean sections. What I tell the patients and the obstetricians who talk to me is that I have a short fuse for going to a Cesarean section. In other words, if it is going to be a difficult delivery, or a long delivery, rather than taking the chance of stretching the anal sphincters or damaging the sphincters during delivery, it is better to do a Cesarean section. I think we have had 30 or 40 of our Mayo Clinic patients who have had successful pregnancies.

Dr. SerVaas: Is it fair to say that you have done more IPAAs than anyone else?

Dr. Kelly: I am not sure about that, because a number of surgeons have done this type of surgery.

Dr. SerVaas: But the Mayo Clinic certainly has done more than any other medical center.

Dr. Kelly: The Mayo Clinic has the largest series in the world. But remember, there are seven or eight surgeons who have done all of those. I haven't done all of those cases, by any means.

Dr. SerVaas: Do you think most family doctors today who see patients diagnosed with ulcerative colitis are aware of the IPAA, or other possibilities?

Dr. Kelly: Well, lots of times the doctors in these smaller places don't know about this new surgery.

Dr. SerVaas: When do you think there will ever be a breakthrough in Crohn's and ulcerative colitis?

Dr. Kelly: I hope tomorrow, but I don't know. I am not aware of any breakthrough yet.

Dr. SerVaas: Well, thank you, Dr. Kelly, for talking to us about these new surgical procedures and for telling colitis patients who are faced with losing their colons that alternatives exist to the standard ileostomy.

> **"We never really said that iron causes the flare, but that the iron might multiply the effects of anything else that might start a flare."**

Iron and IBD
with Dr. Charles Babbs

Oral iron is frequently prescribed to counter the anemia caused by bleeding ulcerations. Dr. Charles Babbs of Purdue University suggests that the interaction of oral iron supplements, blood from intestinal ulcerations, and the intestine's inflammatory cells amplify intestinal tissue damage. One of the directions his research has taken is binding the iron with iron chelators or binding free radicals with antioxidants, such as vitamins E, C, and A.

Dr. SerVaas: Dr. Babbs, in your hypothesis paper, "Oxygen Radicals in Ulcerative Colitis," you mention Dr. Bo Hedlund.

Dr. Babbs: Dr. Hedlund is a biochemist who invented a form of desferrioxamine [an iron chelator]. His concept is that the high molecular weight conjugate desferrioxamine is a lot less toxic, but just as effective. I don't know if it's FDA-approved yet for anything, but he was on that trail back in 1988.

CHARLES BABBS, M.D., PH.D.

Dr. SerVaas: Does he know about your work?

Dr. Babbs: Yes. We tested some of his compound once in some studies here. The batch we tested wasn't any better than regular desferrioxamine, but then he subsequently came out with some improvements. He thought he took care of the problems, but we never did a retest in our center. He started doing his own research using different models that were cheaper than the ones we were working with.

Dr. SerVaas: Would this product be given in the form of an enema?

Dr. Babbs: Yes, probably. If you gave a desferrioxamine enema, it might work well and would have high local concentration in the colon. Even if some of it was absorbed into the bloodstream, it might not be all that bad. Iron dextran is itself conjugated, as it has to be in order to go into the reticuloendothelial system before it can do anything. The question is, does desferrioxamine pull iron off of iron dextran? I don't know for sure if it does. But if it doesn't, then it may be that the iron dextran could be taken up by the bone marrow and work at that level. The desferrioxamine wouldn't interfere very much, because it doesn't normally pull iron out of hemoglobin or out of iron stores directly. So it's not that toxic as far as interfering with hematopoiesis [blood cell production] is concerned—and especially acutely and

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over the long run.

Dr. SerVaas: Yes, but there's not much absorption in the colon—at least not in the distal colon, surely.

Dr. Babbs: But if it's all diseased, inflamed, and raw. . .

Dr. SerVaas: Then you'd get desferrioxamine into the bloodstream.

Dr. Babbs: That's what I was concerned about. Some of it might be absorbed into the bloodstream, but it would definitely have a higher concentration there locally in the colon. And it could be of benefit, it's just as in any anti-inflammatory. That has been shown in quite a number of systems—like in acute pancreatitis, for example.

Dr. SerVaas: Desferrioxamine has been shown to be an anti-inflammatory agent, is that correct?

Dr. Babbs: Yes. And superoxide dismutase (SOD). I think desferrioxamine has some effect on acute pancreatitis. The problem is that once you get one of these things started, there are a lot of other mechanisms to keep the inflammation going.

Dr. SerVaas: Yes, and nobody knows what causes the flare. But it's certainly worth investigating every possible angle.

Dr. Babbs: We never really said that iron causes the flare, but that the iron might multiply the effects of anything else that might start a flare. So the chances of a flare are a lot worse if you have a lot of iron.

What Causes IBD?
with Dr. Barry Marshall

Dr. Barry Marshall is known for innovative thinking and actions. In 1983, he stood before a group of international infectious disease specialists and told them that he and a colleague had discovered a bacterium that causes peptic ulcers. A 32-year-old resident in internal medicine at the time, he even swallowed a variety of bacteria to prove his claim personally.

Dr. Marshall's brash statements went directly against 50 years of medical research and practice, as well as pharmaceutical sales of $4.4 billion. Later, he went on to propose that this bacterium, named Helicobacter pylori, *produces atrophic gastritis, a well-known precursor of gastric cancer. Articles in* The Annals of Internal Medicine *and* The New England Journal of Medicine *have since supported his statements.*

An Australian by birth, Dr. Marshall is presently associate professor of medicine at the University of Virginia School of Medicine. Here are his thoughts about inflammatory bowel disease.

Dr. SerVaas: Do you have any hunches about Crohn's disease or ulcerative colitis?

Dr. Marshall: My hunch is that they are infectious diseases, and we haven't found the germ yet. I have not observed any link between those with *H. pylori*, but *Helicobacter* is a new genus of bacteria, and we've only just learned how to look for them. Similar spiral bacteria have been implicated in inflammatory bowel disease in animals so that there is certainly a suggestion these types of organisms could be involved in other places. At the moment, there is no good evidence of that, but, of course, those interested in *Helicobacter* are certainly keeping their eyes open for that possibility.

BARRY MARSHALL, M.D.

The fact that ulcerative colitis merely affects the colon, and it looks exactly the same as a bacterial infection, suggests that some infectious process is there.

Dr. SerVaas: Cyclosporine is being used by some of the specialists in ulcerative colitis.

Dr. Marshall: That is an immunosuppressant.

Dr. SerVaas: Yes, but it doesn't work all the time. It sometimes does get maybe 80 percent of the patients through a crisis to avoid surgery, but then they may relapse.

Dr. Marshall: Yes, it is disappointing that they relapse.

Dr. SerVaas: They relapse and, of course, they are at higher risk to develop colon cancer. Because of your idea about a gastric infection and stomach cancer, it certainly seems that you should be working with the gastroenterologists about what causes ulcerative colitis and Crohn's disease, because its cause is equally baffling.

Dr. Marshall: I think, with molecular biology techniques, we've got a chance of discovering the cause of these things in the next ten years, but I haven't seen anything remarkable just at the moment.

Dr. SerVaas: Do you plan to devote more time in the future to research?

Dr. Marshall: Well, actually, I see that my role would be to promote my previous findings and make sure the information is widely disseminated, especially in Third World countries where they have a high rate of stomach cancer.

Dr. SerVaas: What are your feelings about irritable bowel syndrome, which is so frequently confused with inflammatory bowel disease? Do you believe it is caused by stress?

Dr. Marshall: Well, irritable bowel syndrome is not a diagnosis, either. That just means that the doctor couldn't find anything wrong with the patient, so he says it is caused by stress. After ulcers are out of the way, we will just have one less thing that is caused by stress. You know, 100 years ago, everything was caused by stress—thyrotoxicosis (Graves' disease), myasthenia gravis—and, one by one, these things are found to be caused by something, so irritable bowel seems to be the next thing. *You asked what was my next hurdle? I would say irritable bowel would be the next one to go. It is so common; it is wide open; and everyone thinks it is caused by stress, which means there is no proper research into it.* ■

"You know, 100 years ago, everything was caused by stress—and, one by one, these things are found to be caused by something, so irritable bowel seems to be the next thing."

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IBD *Special Report*

INFLAMMATORY BOWEL DISEASE READER SURVEY

Help us search for the cause and cure by taking the time to fill out this survey and mail it to us.

1. Have you been diagnosed with: ____ age diagnosed
   - ____ Crohn's disease
   - ____ ulcerative colitis
   - ____ inflammatory bowel disease
   - ____ irritable bowel syndrome

2. By whom were you diagnosed?
   - ____ family physician
   - ____ other specialist
   - ____ gastroenterologist
   - ____ none of these

3. How long have you had the disease?
   - ____ less than one year
   - ____ four to ten years
   - ____ one to three years
   - ____ more than ten years

4. For IBD, I see:
   - ____ family physician
   - ____ other specialist
   - ____ gastroenterologist
   - ____ none of these

5. Have you ever been hospitalized for IBD?
   - ____ yes, _____ times
   - ____ no

6. How often do you have a colonoscopy?
   - ____ at least one per year
   - ____ one every three years
   - ____ one every two years
   - ____ one every four or more years

7. Have you had surgery for IBD, or its complications?
   - ____ yes, I've had a: (please circle) colectomy other
   - ____ no

8. Do you use an ostomy bag?
   - ____ yes
   - ____ no

9. Were you ever told about the possibility of having surgery for an interior pouch?
   - ____ yes
   - ____ no

10. What are foods that seem to give you more problems?

_____ _____ _____ _____

11. What foods are best for you?

_____ _____ _____ _____

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12. Do you have family members who suffer from any of the following?

❑ Crohn's	❑ galactosemia	❑ diarrhea with known source
❑ ulcerative colitis	❑ PKU	❑ serious halitosis
❑ irritable bowel	❑ peptic ulcer	❑ bothersome flatulence
❑ celiac sprue	❑ kidney stones	❑ other (specify)_____

13. If you checked any of the above, indicate relationship:

____ Siblings	____ Parents	____ Aunts or uncles
____ Children	____ Grandparents	____ First cousins
____ Other _____		

Additional Comments:_____

fold here first

Name

Address

City/State

Zip Code

(Attach subscriber address label here if available.)

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Indianapolis, IN 46206

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Search for the Cause
Search for the Cure

Scotch tape here *Please do not staple* *Scotch tape here*

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IBD *Special Report*

COME WALK WITH US! HELP US RAISE FUNDS FOR THE CCFA

The Crohn's and Colitis Foundation of America is putting on a run/walk at the Fitness Farm in Indianapolis on Saturday morning, April 30, at 9:00 a.m.

It will be tulip time at the Fitness Farm when the Crohn's and Colitis Foundation of America holds its Run/Walk at 9:00 a.m. April 30.

Whether you run or walk, you have the opportunity to raise much-needed funds for Crohn's and ulcerative colitis. At the same time, you will raise public awareness of a disease that strikes over 2 million Americans, often in the prime of life.

All registrants will receive a number. Your number entitles you to compete for health equipment donated by the Children's Better Health Institute. Prizes include a visit to a surprise fitness destination, a Diversified Products BodyPro Fitness Bench, an Excel Windshear Stair Climber, and an Excel Dual-action Exercise Cycle.

Mary Ann Mobley has promised to be on hand to cheer the winners. She is already a winner for going public with her Crohn's and serving as a celebrity spokesperson for the Crohn's and Colitis Foundation of America.

To register for the Run/Walk, send your name and address along with a $15.00 registration fee. Make your check payable to the Crohn's and Colitis Foundation of America. Mail Run/Walk registrations to: Debbie Milas, Crohn's and Colitis Foundation of America, 3500 DePauw Blvd., Suite 1033, Indianapolis, IN 46268. For further information, call Debbie Milas at 317-824-0801.

Take steps to join us at the Fitness Farm and compete for great prizes, while donating your time to a worthy cause.

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You're invited to the Second Annual Saturday Evening Ball.

COME DANCE WITH US!

We're opening the Post archives and art galleries and stocking up the kitchen for a gala dinner dance to benefit the Crohn's and Colitis Foundation of America.

What a delightful way to wind up the big day. And what a deserving cause will benefit from your participation.

The affair? The Second Annual Saturday Evening Ball. The beneficiary? The Crohn's and Colitis Foundation of America.

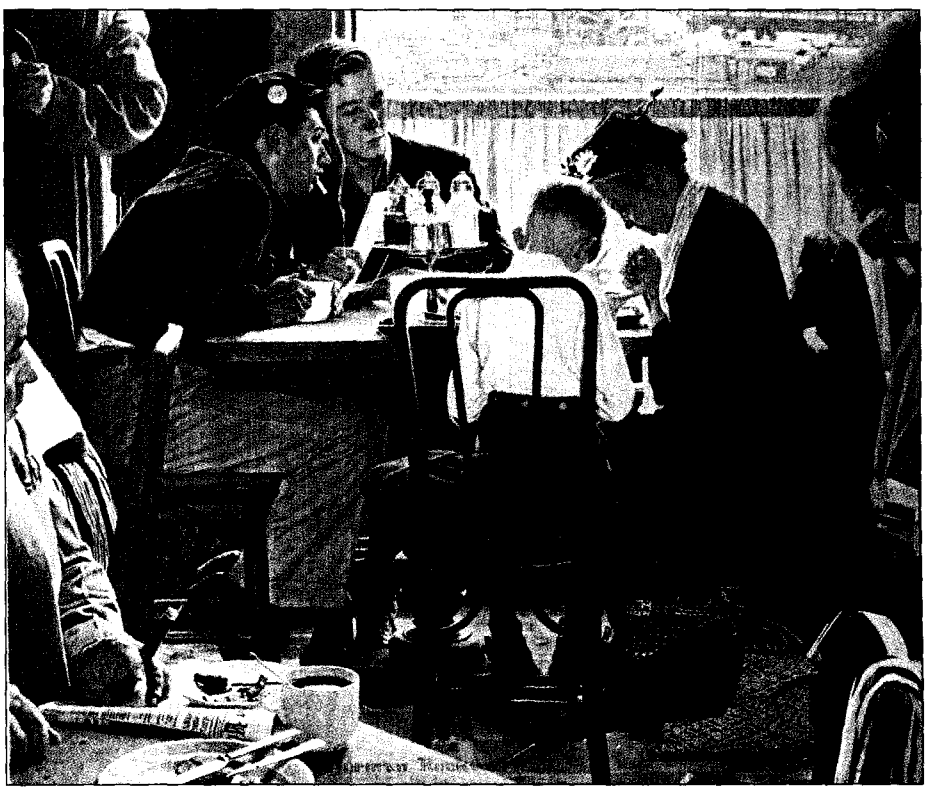
The date? Saturday, April 30, 1994. It's the same day of your invitation to compete for exercise equipment prizes in the run/walk contests at the Fitness Farm for the Crohn's and Colitis Foundation of America.

After shedding your sweats, cool down with a leisurely tour of the *Post* archives and reminisce while viewing original Norman Rockwell art.

Then on with the dance! At 7:00 p.m., follow the crowd into the Meinrad Mayer Gallery Ballroom for an evening of dining and dancing. The healthy food will be straight from the *SatEvePost* kitchen. If you come without a partner, there'll be line dancing to keep your arteries from clogging.

Step out to the Ball for fun, exercise, and to help a worthy cause: the Crohn's and Colitis Foundation will benefit from the proceeds of $50 per person.

Make reservations with Patrick Perry at 317-636-8881.

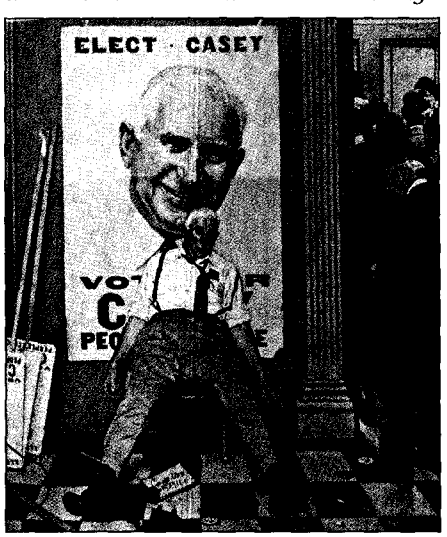


Norman Rockwell's "Saying Grace" is perhaps where you will linger longest on your stroll past the extensive display of the beloved cover illustrator's art.

In this Rockwell classic, the game has been called on grounds that the boys won't have "grounds" to play on.

Unfortunately for the fake circus bruiser, the bulging bicep on his left arm seems to have taken a turn for the worse.

This isn't the Casey at the bat. This is the Casey who struck out campaigning and had to be benched on election day.



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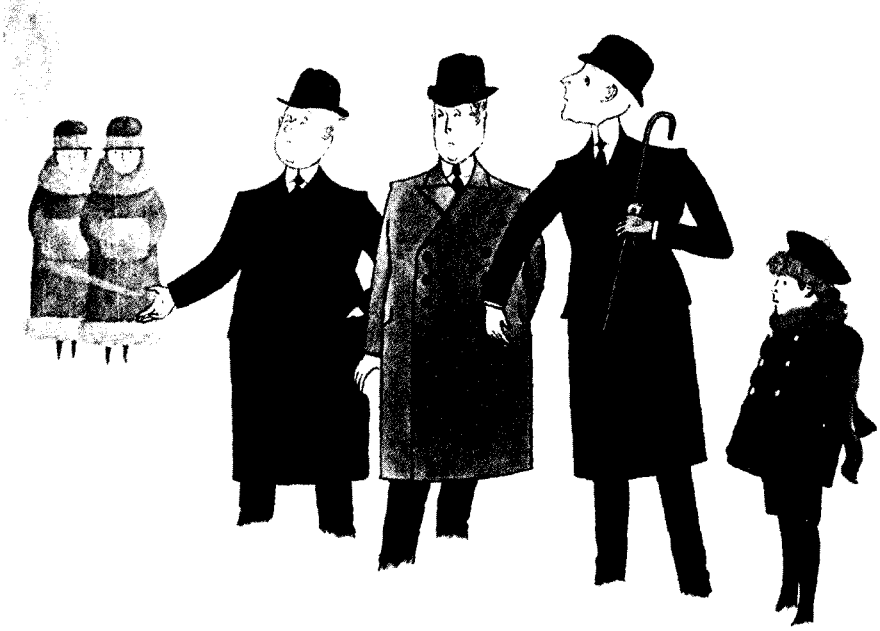
A FINE PIECE OF MACHINERY

BY EVERETT GREENBAUM

"That car is a curse,"
my mother said, but neither fire, snow,
nor the Buffalo streetcar system
could rid us
of that terrible, wonderful
1926 Pierce-Arrow.



Illustrated by N. M. Bodecker

My father bought his Pierce-Arrow in 1926. The Pierce was one of the great cars of its day. It had huge headlight eyes growing right out of its fenders. Ours, with its 20 coats of deep-green lacquer, had a handsome, reptile look. It had a beautiful box of tools right on the running board; vases in the back where you could put cut flowers; and, on the cylinders, little brass priming cups into which you squirted gasoline to start the engine in cold weather.

"Now, there's a fine piece of machinery," my father would say, admiring it. Then he would sock one of the fenders, producing a dull thud.

"Aluminum!" he would say. The body was made of aluminum. The use of this metal for automobile bodies was a rare thing then. As a child, I had a notion that they saved enough aluminum foil from chewing gum until they had enough to make a car, and that's why they cost so much.

My father really knew how to handle the Pierce. At stop signs, he could make it play music by letting the clutch out a bit and shifting partway into gear. To play higher notes, he fed more gas to her. He could play the first part of "Valencia" and "Button Up Your Overcoat" as far as "when the wind blows," but not as far as "free."

"Are you sure you're not hurting it?" my mother would say.

"You can't hurt a piece of engineering like this transmission," my father would say.

The older we got, the fonder he became of that car. And the older the Pierce got, the more ashamed of it Mama and the girls became. When we passed certain key locales in our home town of Buffalo, New York, where it was necessary to make an impression, they would slump down so they wouldn't be seen. They went down on Nottingham Terrace and Delaware Avenue, really hitting the floor when we passed Temple Beth Zion.

Each year when the new-model cars came out, my mother left folders around the house, hoping something modern would catch my father's eye. She hoped he'd buy a car like the ones she rode in with other ladies to mah-jongg afternoons, or to the Fort Erie races.

He treated her automobile brochures

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with scorn. I remember the year the streamline Chrysler came out. My crowd thought it was terrific. My father stared at the folder. "Tin balloon!" he scoffed. He tore it up, throwing it into our gas fireplace among the fake logs and moss.

Certain events connected with the Pierce stand as signposts in my life. I must have been eight when it caught fire. It was one of Buffalo's cold, winter Sundays. We were getting ready to go to Sunday school. She wouldn't turn over. The oil was like molasses.

"Well, Les, we'll have to prime her," my father said happily.

"We don't have a can of gasoline," I said.

"Don't matter, you'll just suck on that pipe there till she begins to siphon down, and we'll catch some."

"But, Daddy, I just had my breakfast! What if I swallow the gasoline?" I said.

"Suck," he said.

For a moment I sucked unsuccessfully. Then a sudden rush of fuel gushed all over the engine. Since we had left the ignition switch on, it burst into flames.

"Fire alarm!" My father waved toward the red box on the corner.

Neighbors on their way to St. Mark's next door were astonished to see me rushing against them to get to the firebox. I broke the glass and pulled the thing. I had always wanted to.

When I got back, my father and the Catholics were throwing snowballs on the fire. It was only smoke by then. When the firemen arrived, it was just a wisp of steam. The Pierce's hood was still a shiny, deep green.

"What a finish!" my father murmured to himself.

But gasoline and cornflakes and sliced bananas were too much for a Sunday-school boy. As I went upstairs to throw up, I saw the females of our house watching everything from the dining-room window.

"Is the car all burned up, Mama?" my little sister asked.

"No, darn it!" my mother said.

I didn't have to go to Sunday school that time.

The Pierce saved me from Sunday school another time, too. As always, I was dressed earlier than the girls. I had on my itchy navy-blue Sunday suit and my itchy blue overcoat. Both suit and coat had horsehairs in the lapels to keep their shape. I must have had a hundred dollars' worth of horsehairs in that Sunday-school outfit.

I thought it would be a nice surprise for everybody if I got the Pierce out of the garage all by myself. I couldn't drive, being only nine, but I had a plan. I would push the car until she got rolling down the hill of the drive. Then I would dash around to the front seat, leap into the car, and slam on the brakes when it reached the sidewalk. That way, when my father and the girls came out of the house, there would be no tiresome getting that old car out of the garage. It would be a nice surprise.

I had to rock her several times. At first I thought she wouldn't go. But she did. She went like mad. She hurtled down the drive like 60. The plan slipped out of my head. My only thought was to hang onto the bumper and stop that car. I was dragged like a dead mouse right down the drive, right through the Catholics, right into the street, where oncoming cars screeched their brakes.

The Pierce hit a large tree, which later turned brown. But it stopped. The front of my Sunday outfit completely shredded, I got to my feet. Naturally, I was terribly embarrassed. I had climbed behind the wheel when my family appeared, open-mouthed, on the veranda.

"It wasn't my fault," I said. "She got away from me."

I didn't have to go to Sunday school that time. Nor did I get to go to Shea's North Park Theatre for the next ten Saturdays.

Not too long after that, however, I saved the lives of our entire family in the line of automotive duty.

It was springtime. My father had decided that we would get in the car and drive to Cleveland to visit our friends, the Alperins. We were still within the city when it began to snow. As sometimes happens around Buffalo in the spring, the storm developed into a blizzard. We slithered along the highway.

"Have to shift her into second now," my father said, double-clutching.

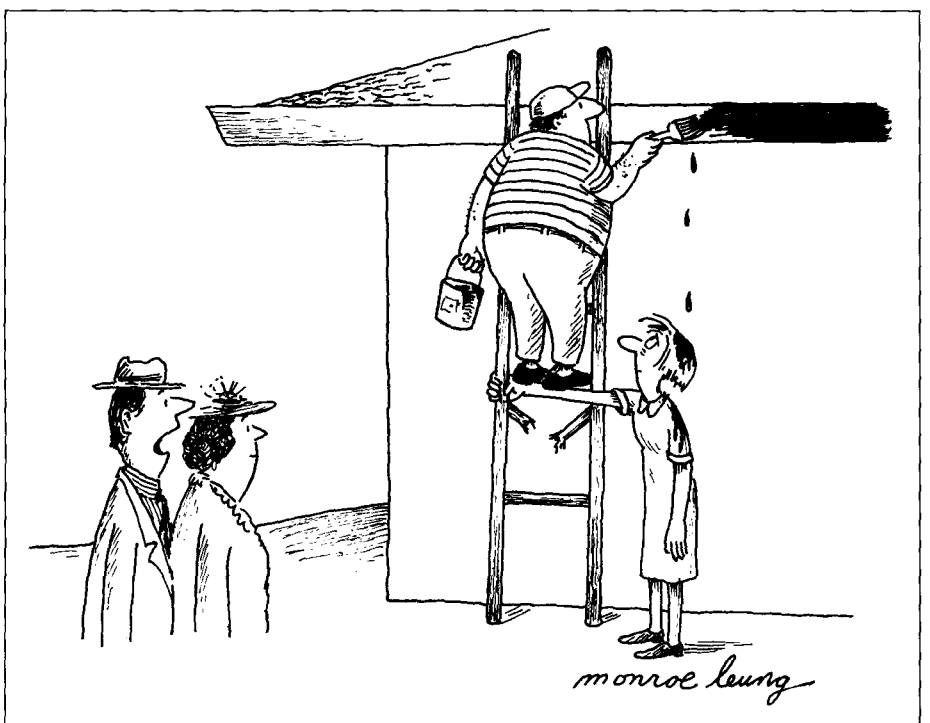
Things grew worse. The snow was falling so heavily and wetly that the Pierce's wipers couldn't budge it. We looked out at a dark gray wall.

"Good night, nurse! What are we going to do now?" my mother said.

"Les," my father said, "you'll get up on that hood and keep those wipers clear."

I did. By the time we reached Lackawanna, where the streetlights were lit and snowplows were working, I was frozen solid. But a Buffalo kid is frozen half the year anyhow; a little hot tomato soup thawed me out.

A lot of things connected with the Pierce seemed to happen on Sundays. It was on a Sunday that Mama and the girls really thought they'd got rid of the dragon-eyed car for good.



"She's the most devoted wife in the neighborhood."

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We went to Polonsky's restaurant for dinner on Sundays. Our favorite waitress there was called Honey. She had a mop of frizzled, peroxide hair. My father kidded her a lot to make her giggle. He would wait until the whole tremendous meal was finished and we were leaving, then he would turn to her and say, "Well, Honey, how about bringing me a nice bowl of soup?" She would die laughing.

This one particular Sunday, right after the soup joke, we got into the Pierce, which was right out front alongside the trolley tracks.

My father fired her up, ground her into low, and gave his cold-weather signal: one gloved finger sticking out of the barely opened window. We began to pull out.

"Watch out for the streetcar!" my mother said.

"We've got the right of way!" my father said.

The thing I remember most about the wreck was my astonishment at how much wood there was under the aluminum. It was all over the street. We were unhurt, but shaking like Jewish leaves.

"I'll take care of the boy," someone said. It was Honey. She took me into the ladies' room to put cold water on my face. I hoped none of the kids would hear about this.

"Don't talk to anyone," my father ordered. "I'm going to phone Bill Brock." He left to call his lawyer.

Well, Bill Brock handled the streetcar company all right, and, to my mother's anguish, the Pierce looked as good as new in three weeks.

"You can't kill the heart of a well-made machine," my father said.

As I reached adolescence, the Pierce got new piston rings and I got pimples. A lot of my friends had them, but I really hated mine. I determined to do something about them. I decided that a pimple was nothing more or less than some foreign substance under the skin. If you could get that right out of there, the pimple then had no reason to exist and would go away.

The Pierce had a vacuum-operated windshield wiper. When the engine was running, you could slip the rubber hose off and actually feel that strong suction. If you put a lighted cigarette in the hose, it got smoked in a jiffy right in front of your eyes; my friend Calver Oakes and I did it quite often.

Here was the answer to my skin problem. I got hold of a glass straw and waited for a good pimple to show up. Sure enough, one did, right on the nose. But Calver and I weren't going to rush things. We held the glass straw under the hot-water spigot until we were sure it was sterile. Then we went out to the Pierce, put the unsanitary end of the glass straw on the hose and the sanitary end on my nose. Then I started the engine and stepped on the gas. It drew nicely.

"Take your foot off the gas," Calver said. "You'll get more vacuum."

I did. The suction was fantastic. The tube became an angry little leech trying to inhale my skin. I heard a soft *pop* and watched a piece of nose go up the straw. Calver had the sense to turn the ignition off. He helped me into the house, blood running down my face.

"That car is a curse," my mother muttered.

How nice it would be to be able to say that the Pierce became my first "dating" car, to be able to tell of long moonlit rides along Lake Erie, with my arm around Ralpha Becker or Irene Egbert, or even Claire Hochgrebe. But the Pierce left our family before I reached that stage of development.

Like many terrible things happening then, it was because of Hitler. War was getting close in Europe. The price of aluminum soared.

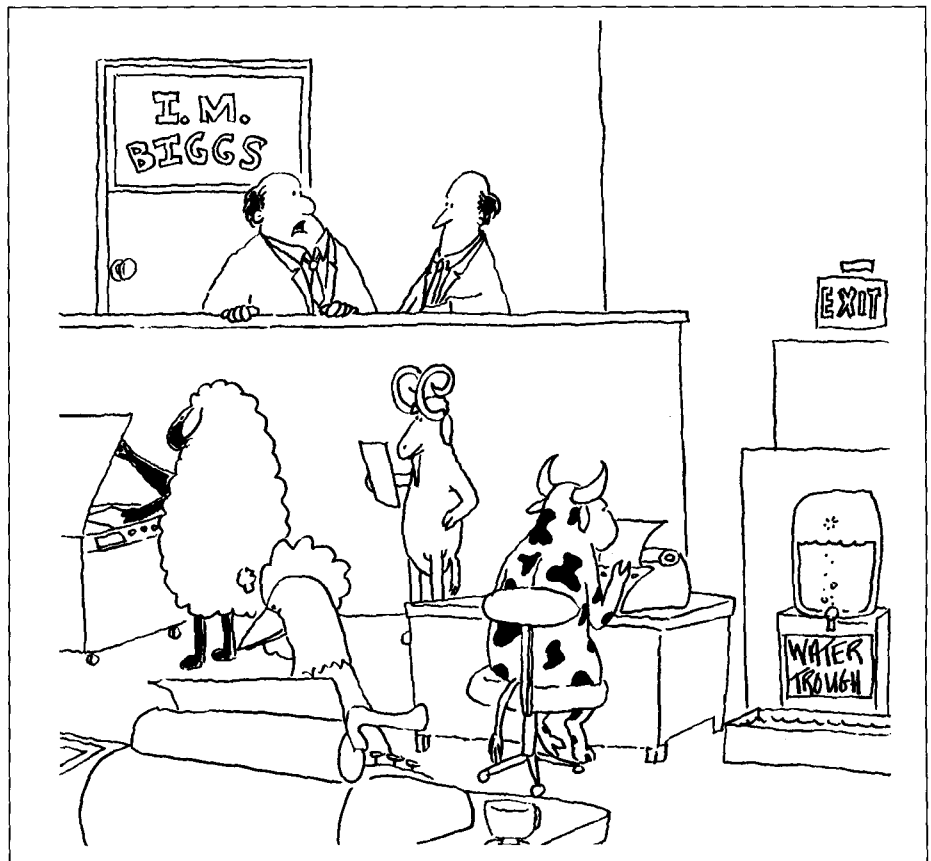
The car was stolen on a Thursday night while my father was having a sweat and a rubdown at the Montefiore Club. The police thought the thief must have followed him for a couple of weeks to learn his habits.

No crime ever precipitated more phone calls. There were calls without letup: calls to detectives, desk sergeants, judges, and even to the Chief of Police.

Just before dawn Friday, an incoming call ended it all. We hung over the upstairs banister in our pajamas, listening. The Pierce had been found in the woods, stripped of her aluminum.

"No," my father said quietly, "no, no, I don't want to look at it." He hung up, and we all went to bed.

We never really knew for certain, but for as long as she lived, my mother stuck to the story that she had won $50 at the Fort Erie track and had given it to two men for them to steal the Pierce-Arrow.



"You may have noticed . . . we've been farming out more of our clerical work lately."

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KICKING THE HABIT—AT AGE 10

An Essay On Nonsmoking

by Maynard Good Stoddard

Illustrated by Don Trawin

What a pity that so many young people today are smoking their lives away and thinking it's the smart thing to do. Especially those budding into adulthood in urban areas. If only they could enjoy the opportunities I took advantage of at the malleable age of ten, they would be kicking the tobacco habit early on—I know that for a fact.

True, I also thought at the time that I might be kicking the bucket as well as the habit—and for a couple of days, I didn't really care which way it went. But what a small price to pay for a long life (*how* long is none of your business) free of those murderous, stinking fumes.

One of the advantages of my young-lion days had to do with living in the quiet little four-corner settlement of Richfield Center, Mich., where a boy's opportunities for flaunting his manhood were somewhat limited. He could chase girls, of course, but upon catching one, it was only to yell, "You're it!"

Or he could give smoking a try.

Here, he had two choices: a "cigarette" constructed from dried corn silk rolled in newspaper, or a charge of ripe burdock seed tamped into a corncob pipe. By coincidence, my memorable, if somewhat brief, smoking career got off the ground via the corn silk and newspaper runway.

On this particular day, I found myself standing in the middle of our sweet corn patch with a page of the *Flint Daily Journal* tucked under my arm. By a stroke of luck, I discovered a supply of kitchen matches in a pocket of my overalls. Selecting a choice hank of corn silk from the nearest stalk, I rolled it neatly in a quarter page of the *Journal*, sealed the seam with saliva, and hunkered down to light up.

At the postmortem, veteran corn silkers concluded that most likely I had failed to generate saliva sufficient to seal a quarter page. They further agreed that a one-eighth pager would not have caused the flareup that had reduced my eyebrows to pipestem cleaners. I didn't mention that dropping the conflagration into my lap hadn't been my finest five seconds, either.

Not until the next day did my taste buds resume their proper function and my voice return to its normal, dulcet, soprano pitch. It required less time than that, however, for dear old Dad, a former boy himself, to interpret the cause of my eyebrow clinkers. By way of acknowledgment, he allowed me the honor of leading the way to the woodshed.

Anyone with even half the brains of a goose would have retired from the smoking game right here, of course. But not me. Oh, no. I had to open my fat little ears to the contentions of my peers that for pure smoking pleasure, burdock seed in a corncob pipe was the only way to go.

So what did you do, Maynard? I'll tell you what I did. Under the pretext of a yen for blowing bubbles —which would have been a better (much better) idea—I shot a

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week's allowance for this five-cent corncob pipe and headed directly for the haymow to look for ripe seed from the burdock, of the genus *Arctium*, meaning "arcs when heated."

Corn silk and burdock seed turned out to be pretty much on a par when it came to taste bud nullifying, cough inducing, and eye watering. But where corn silk had a tendency to bald the brow and torch the trousers, hot burdock seed tended to pop out of the pipe and land on the nose. Dear old Dad had to take only one look at those potholes in my honker, of course, and it was back to ye olde woodshed, my home away from home.

And that did it, right? No, not yet. Although I am belatedly giving Dad credit for having a hand in my swearing off the evil weed for good, that hand was not above taking the wrinkles out of the seat of my pants on a regular basis.

My dad, you see, owned the lone grocery store occupying one of the four corners at Richfield Center. And on the men's side of the store, he had this glass-enclosed tobacco case, which he kept right out there in plain sight on the counter. It was there he had introduced a box of the cutest little store-bought cigars that ever a budding manhood-flaunter had ever feasted his bloodshot eyes on.

Just between us—now that the statute of limitations has expired by some 70 years—the cute little "Between-the-Acts" cigar that came into my possession was not store-bought; I swiped it. My dad owning the store, as I said, and this beauty being no larger than a cigarette, my crime had to be the pettiest of all petty thefts. Nevertheless, I felt it to be in the best interest of my backside to wait until the sole customer had his back turned and my pappy was probing in the pickle barrel before helping myself to one of those tantalizing, miniature sticks of dynamite going under the alias of "cigar" and heading for the flour and feed building behind the store.

I remember sitting down on a sack of oats. I remember thinking this would be my first smoke without apprehension for reducing my eyebrows to nubbins, kindling my corduroys, or dimpling my snout. The rest is hearsay.

And what I heard say was, my brother, Meryl, and another potential pallbearer, Ronald Seeley, by a stroke of luck stumbled upon my corpse before it had time to cool. Upon a convenient green window shutter, they arranged my remains and bore them home to Mother.

My complexion and the shutter by this time being of the same hue, Mother, having never been a boy herself, diagnosed my condition as a severe case of collywobbles. Not so with dear old Dad, who had no trouble putting his finger on the cause of my affliction. By a second stroke of fortune, however, my inability to walk precluded yet another trip to you-know-where and the laying on of his hand to you-know-what.

I haven't looked tobacco in the face since. I'll take that back. Along about age 30, attempting to enhance my image as a writer, I bought a genuine meerschaum and a can of "Velvet" tobacco—another misnomer of the nicotine industry. Not that it mattered a whole lot. I had no sooner got the embers glowing nicely on the initial test run than I bit down on the pipe stem, breaking off a front tooth and spreading the glowing embers liberally across my nose. *That* was the last time I looked tobacco in the face.

The bottom line is, I haven't spent a small fortune over the years catering to an incorrigible smoking habit. I don't have cancer. I don't suffer the irreparable gasps of emphysema. I've been spared the enormous expense of a lung transplant and the complete wipeout of heart bypass surgery. My family's health has not been jeopardized by their having to breathe years of passive smoke.

In other words, even if I had paid for that deceptive little Between-the-Acts seducer, it would have been the best investment I ever made.

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Scholarship Races at the Fitness Farm April 30, 1994

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How to Register?

There is no charge for participation. To register, simply give child's age and sex. Send to: Greg Joray, Children's Better Health Institute Fitness Farm, 2345 West 44th Street, Indianapolis, IN 46208.

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Bicycle Nuts

continued from page 30

probably puts in a harder day's work than the average federal bureaucrat.

Most businessmen will tell you that all the federal government does for them is take a piece of the profit while loading them down with paperwork.

So I was suspicious about the federal government taking over all medical care. Especially when I did some reverse math.

The White House kept telling us about the 37 million Americans who are without some form of health coverage. (Many of them by choice, which was never mentioned.) The 37 million became a mantra.

Yes, that's a lot of people. But you can look at it another way. About 220 million Americans have at least some form of coverage.

So, in my simple-minded way, I figured that if the vast majority of Americans have some form of health coverage, leave them alone and find a way to take care of the minority who don't. Why throw everything up for grabs and create another army of bureaucrats?

But that was before I learned that I will be one of those who stands to get something for nothing. So from now on, I'm a health-reform cheerleader.

Something for nothing. So what's wrong with that? It's become part of the American Dream.

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Arteries

continued from page 18

and those who are moderately active."

Strengthening the heart is "just one of the many ways in which exercise affects mortality risk," says Dr. Blair, who notes that regular, moderate activity can lower blood pressure, improve the cholesterol profile, protect against diabetes, strengthen bones and muscles, help maintain ideal weight, elevate mood, and relieve stress. "Exercisers are less likely to form blood clots," he says, "and we think that mechanism gets activated at low levels of activity."

Moving into the "modesty fit" category requires "walking at a moderate-to-brisk intensity for 30 to 40 minutes on most days," Dr. Blair says. For sedentary people, he adds, "changing behavior to become moderately active can be as important to your health as for a smoker to stop smoking."

Sedentary adults who become active enjoy increased longevity, concluded Stanford Professor of Epidemiology Ralph S. Paffenbarger, Jr., M.D., in a study recently published in the *New England Journal of Medicine*. "This was true in all age groups, from 45 to 84," he says. "That means it's never too late to make this conversion from sedentary to active and enjoy the accompanying benefits."

Physicians should use a team approach with other health professionals, such as nutritionists and behavior-change specialists, to help people with an aversion to activity get moving, recommends Dr. Sam Fox, director of preventive cardiology at Georgetown University. "If we want to reform our healthcare system in a cost-effective manner, this should be an integral part of our new approach," he says. "Helping people prevent disease will lower America's healthcare costs."

Couch potatoes, in particular, need the support of health professionals. "It's clear that the people who will gain the greatest benefit from activity," Dr. Fox says, "are the ones who sit on their fatty acids the most."

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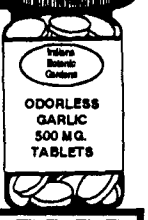

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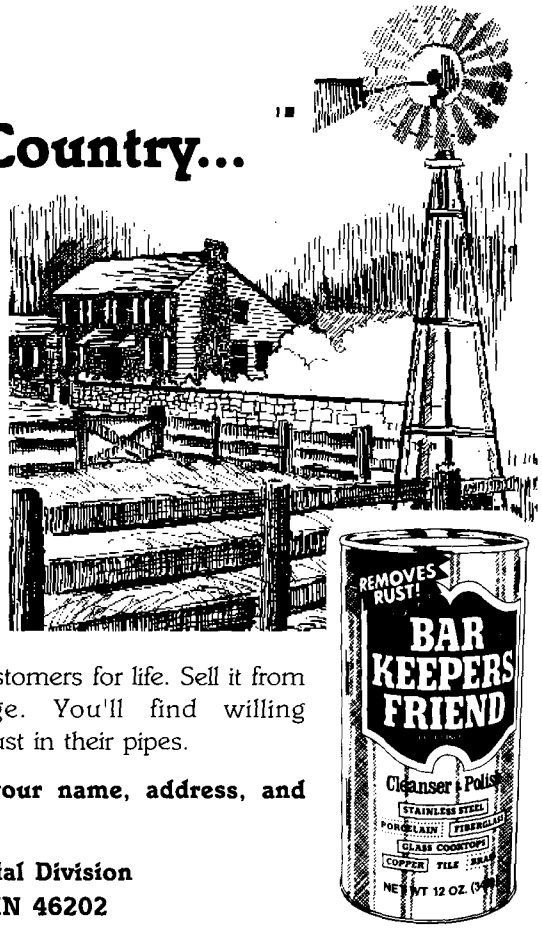
Out in Rust Country...



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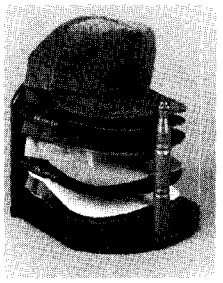

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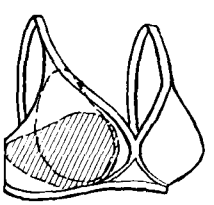

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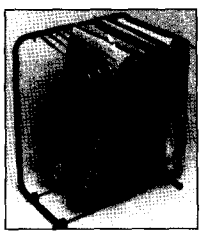

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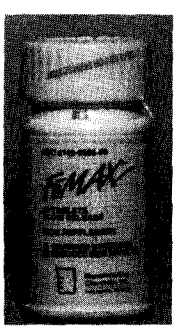

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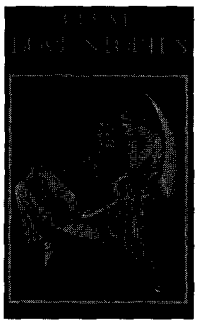

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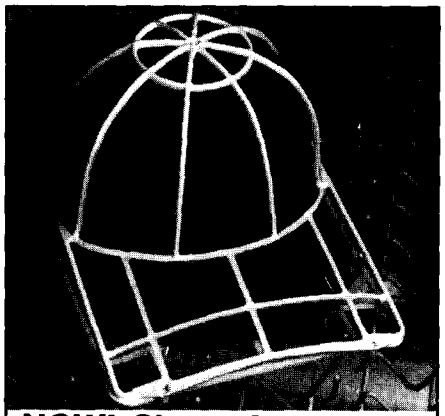

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Going Public

continued from age 37

your time with the antioxidants, because now there is some good research being done in this area.

M. A. Mobley: Well, you know, I have to be careful how I say this, but I know that helped me. Whether it is a placebo effect or was just unique with me, I don't know. We are going to find, I think, several different kinds of Crohn's disease.

Dr. SerVaas: I think you are right.

M. A. Mobley: A recent study in England showed that antioxidants have a good effect on certain forms of Crohn's disease. It was a small study, so I guess I can't say that it is a true test until two studies have been done. At least a friend sent me that study and said, "You've finally been vindicated." I used to tell my doctors, "There has to be some reason I am responding. The only thing that I am doing differently is taking these vitamins."

Dr. SerVaas: How much vitamin E, selenium, zinc, and beta carotene do you take now?

M. A. Mobley: Well, what I do, and this is not the right way to do it, but I come in and take a handful of vitamin E and a lesser handful of selenium.

Dr. SerVaas: But you have to be careful with selenium; you don't want to overdose on that.

M. A. Mobley: Yes. You would become toxic, and you can have side effects. I used to work it out scientifically, until I learned how many I could take. I took those with beta carotene. Then in the morning, I would take C and zinc together, and I took a multivitamin as well.

Dr. SerVaas: How much vitamin C do you take?

M. A. Mobley: I take 5,000 mg.

Dr. SerVaas: You have a daughter, isn't that right?

M. A. Mobley: My daughter, Clancy, is 24. She is writing and doing development for a television company here in California. In fact, she is one of the associate producers on two shows for Disney being shot next week, so I am really proud of her. I believe that my Crohn's disease is nongenetic. I think we are going to find that there are two forms of Crohn's disease. One is genetic and one is nongenetic. We are closing in on the genetic marker, so then we'll be close to having someone like my daughter have a blood test. If she has that genetic marker, we are

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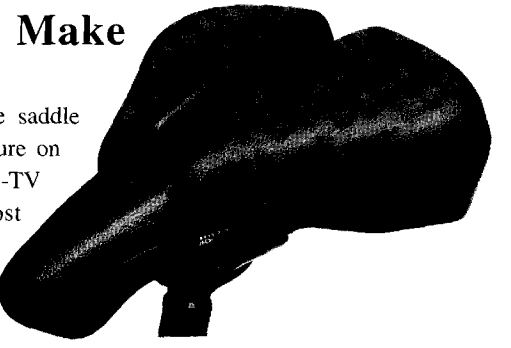

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going to be able to send down a blocker and keep her from having Crohn's.

Dr. SerVaas: That's encouraging.

M. A. Mobley: There is another interesting thing I have noticed about this disease: A better part of the last 20 years I have spent in and out of Third World countries. For ten years, I did documentaries for World Vision. I was in Cambodia, Somalia, Mozambique, Zimbabwe, Sudan, and we lived in Kenya for a year or so. When I go to these countries, I find everyone else ends up with dysentery, but I thrive. I think another study is needed.

Dr. SerVaas: You are doing very important work for the Crohn's and Colitis Foundation. We need people like yourself to speak up and inform the public about this disease.

M. A. Mobley: I cannot say enough about the Crohn's and Colitis Foundation. I think they have made the wisest use of research dollars of anyone. You know, in one study we funded, we discovered that research mice being thrown away by a laboratory in Maine, because they had some kind of irritation, actually had colitis. And by looking at their tissue samples under a microscope, we found that those tissues compared very closely to human tissue. So now we are saving those mice, and we are doing studies. We are observing them as far as genetic links, and so many interesting studies are being done all over the world.

Dr. SerVaas: Unfortunately, some medical personnel are still misinformed about Crohn's and colitis.

M. A. Mobley: Yes. I had a father of a 14-year-old from Arlington, Texas, call me. He said his daughter had been in great pain for two weeks, and the internist told him it was all in her head. She perforated, and they rushed her to surgery. When she came out of recovery into a room, the television just happened to be turned on to my interview on the Sally Jessy Raphaël show. She said, "Dad, if Mary Ann can live with it and have a child and do 'Circus of the Stars' and all those crazy things, then I can certainly do it."

Dr. SerVaas: What a wonderful thing. I am glad you had the courage and the selflessness to stand up and say, "I do have Crohn's," even though your financial advisors are saying it won't be to your advantage.

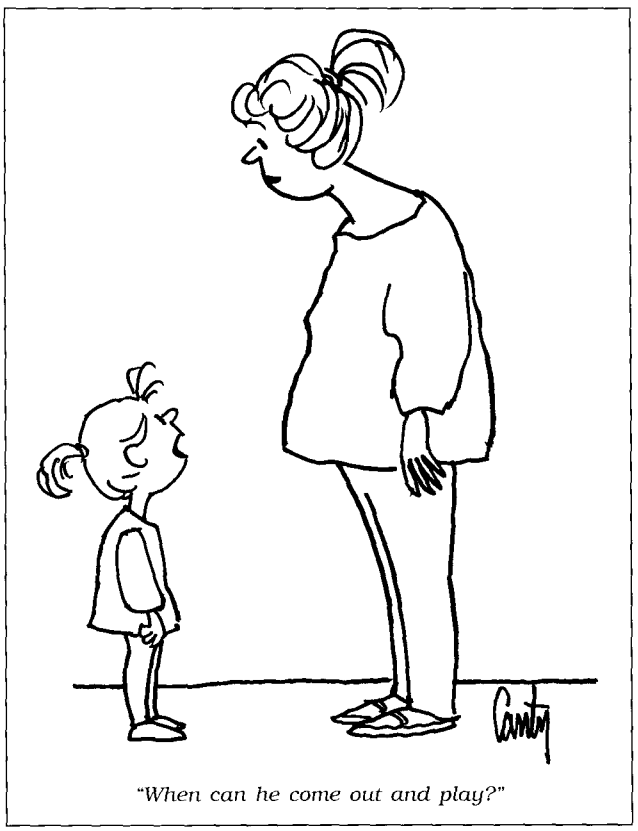
M. A. Mobley: Well, you know, I grew up in the church, and I feel very strongly about it. I feel that there is a purpose that I am here on this earth, and I think one is that I can help somebody not as lucky as I am.

Dr. SerVaas: To which church denomination do you belong?

M. A. Mobley: Methodist.

Dr. SerVaas: Southern Methodist?

M. A. Mobley: Yes. You know, you could go to church four times on Sunday and twice on Wednesday nights. We had Sunday school, then the sermon, then we had Methodist Youth Fellowship on Sunday night. On Wednesday, we had prayer meeting and choir rehearsal.



"When can he come out and play?"

Dr. SerVaas: You weren't a preacher's kid, were you?

M. A. Mobley: No. I just feel that I was given this opportunity. I won't tell you that there are not days when I don't get down. I'm home about two days a month, and on those I have to pack. I will stay up all night tonight packing and getting off to Georgia to receive the Torch of Friendship Award from the Crohn's and Colitis Foundation Saturday night in Atlanta. Then Sunday, I fly to New York and do the Joan Rivers show, then a public service spot for the foundation. Then fly back here. But I think that I'm very lucky and that if it were not for the vitamins and the attention from the Crohn's and Colitis Foundation, I wouldn't be able to keep up this schedule.

Dr. SerVaas: What advice would you give to people who have Crohn's?

M. A. Mobley: The first thing I would do is become associated with the Crohn's and Colitis Foundation, because it is there to help us with medication, to direct us to a doctor and to a support group. The foundation can contact someone else who has the illness in your area. That is important.

The other thing is to have a hand in your own treatment. I have nothing but praise for our doctors, but I think they could help us better, and we can help them if we work together. Third, I just don't believe in surgery, unless there are no other alternatives. I think that sometimes it is so easy to say, "Let's operate," not taking into consideration that some 80 percent of the time, the disease is going to come back.

Dr. SerVaas: Surgery is not as successful for Crohn's as it is for ulcerative colitis.

M. A. Mobley: Right. Ulcerative colitis can be cured by the operation, but you cannot cure Crohn's disease.

Dr. SerVaas: On a personal note, what kind of projects are you working on now in your career?

M. A. Mobley: I was a recurring character this past season on "Hearts Afire," but as I understand, it has been put on the back burner now, and they are going to rewrite it. I hope I will be in the revamped version. However, one never has a way of knowing. Also, as you know, I started off on Broadway musical comedy, and now I am starting to do a little cabaret act. I opened in October at the Roosevelt Hotel in L.A. I love the singing. It's great fun.

Dr. SerVaas: We are having a big run at the Fitness Farm in Indianapolis on Saturday morning, April 30, for Crohn's and colitis. Do you run?

M. A. Mobley: Gary runs. I walk.

Dr. SerVaas: Well, you can do race walking. Do you have enough energy?

continued on page 80

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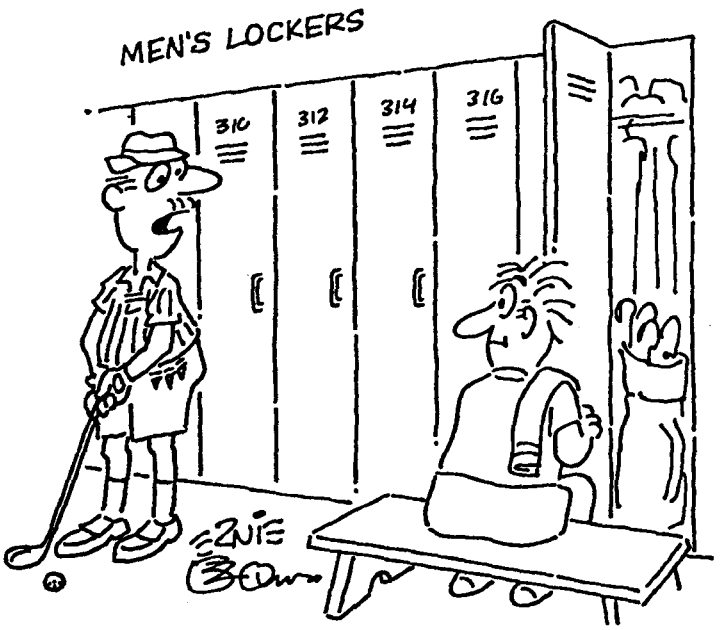

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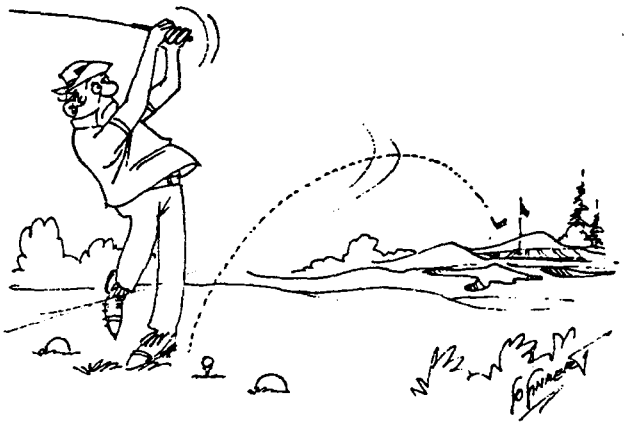

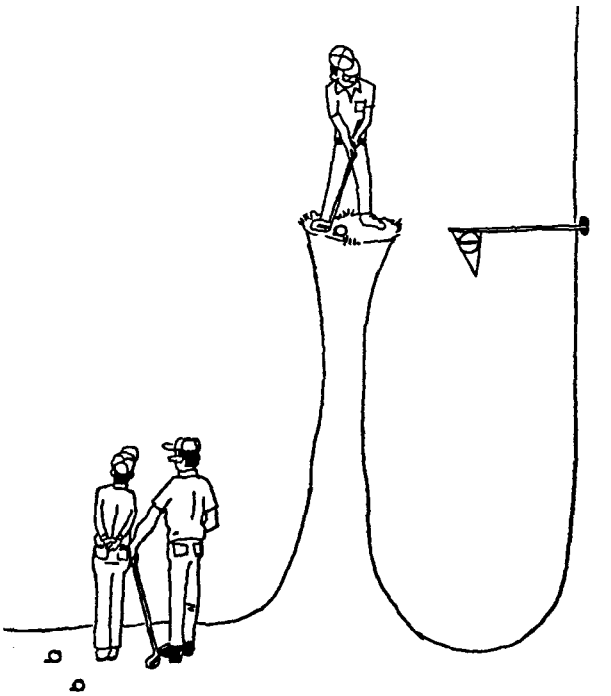

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Attack on Aging!

... A conversation with Dr. Allan Bruckheim..."The Family Doctor" and SDV's Medical Advisor.

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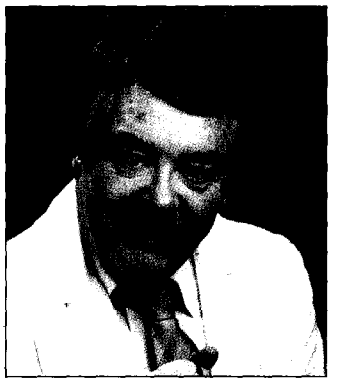

Dr. Allan Bruckheim is a noted Physician, Lecturer, Researcher, Author and Columnist. His CD-ROM Program, "The Family Doctor", is the countries #1 selling disk. Dr. Bruckheim's column, "The Family Doctor" is syndicated nationally by Tribune Media Services.

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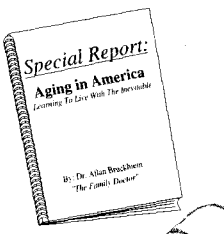

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TARA REVISITED

Miss Scarlett would feel right at home in this antebellum plantation—even if it is located closer to Pittsburgh than Atlanta.

by Loriann Hoff Oberlin

If you loved *Gone With The Wind* and want to experience the glorious days of the Old South—or are just looking for a romantic escape for a day or two—then pack your bags and head to western Pennsylvania. Just 90 minutes north of Pittsburgh, in the town of Clark, is Tara—A Country Inn.

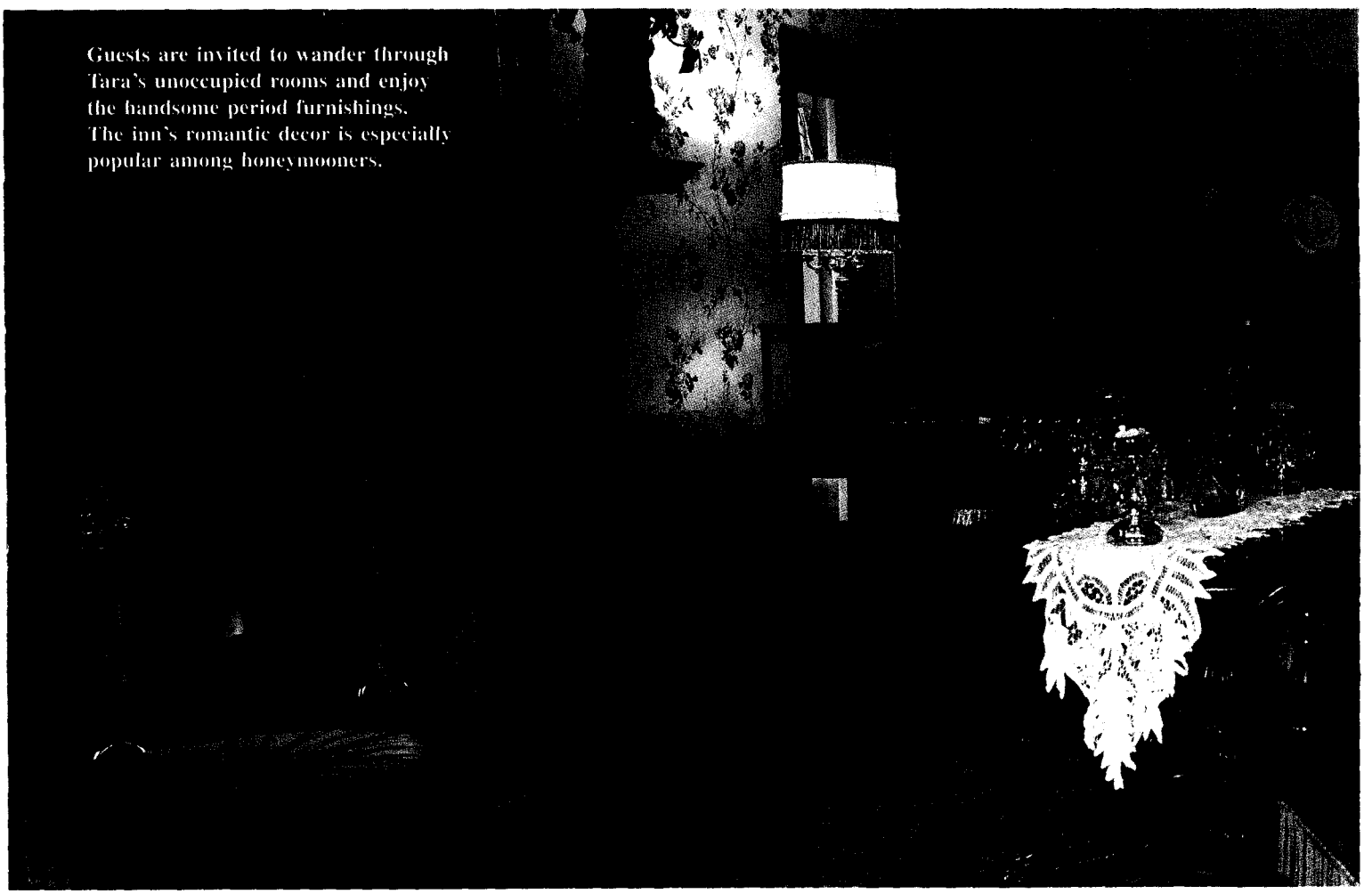
This charming antebellum mansion, built in 1854, remains one of the area's most famous landmarks and has achieved celebrity status since its purchase ten years ago. Innkeepers and entrepreneurs Jim and Donna Winner transformed the magnificent mansion, with its two-story Grecian columns and sprawling grounds, by renovating every room and adding north and south wings. Tara opened for business in 1986 with only five guest suites and one dining room. Today, it boasts 27 uniquely appointed rooms and three diverse restaurants.

"I truly believe in visualization to success, because I think once you have an idea or vision of what something will be, and stay focused on that vision, you can do anything," says Donna, who knew the day she and Jim bought the inn that they should call it Tara.

Attention to detail directed the Winners' vision and continues to direct it today. Local glass bevelers created custom-made glass doors that greet visitors to this elegant mansion. Once inside, guests are welcomed by a friendly staff, appropriately dressed in Civil War-era attire. At designated times each day, these guides offer tours through the virtual museum of period pieces and artifacts.

Browsers delight in the Winners' collections of antiques, art, rare china, oriental rugs, crystal, and beautiful books, many of which Jim and Donna purchased on their travels around the world before opening the inn.

November through February is a particularly lovely time at Tara. An incurable romantic, Donna admits she envisioned early on what the mansion would look like adorned in red, her favorite color, during the Christmas holidays. She's had the assistance of architects and an interior designer, but oversees many stylistic matters herself. "I can get pretty colorful, pretty flamboyant in my style," she says. "Sometimes I need someone to hold me down." Although 250,000 white lights are strung around the mansion and lit right before Thanksgiving, they come down shortly after



Guests are invited to wander through Tara's unoccupied rooms and enjoy the handsome period furnishings. The inn's romantic decor is especially popular among honeymooners.

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New Year's Day. However, the interior garland and miniature lights continue to frame the doorways and grace the mantels and banisters of Tara until Valentine's Day.

To tour Tara is to experience the grandeur of the antebellum South. There is an antique slave cradle, as well as the original bed jacket worn by Vivien Leigh in *Gone With The Wind*, in Scarlett's Room. Rhett's Room is rich and masculine, while the Fiddle Dee Dee Room is feminine and frilly, just like the expression used by Scarlett. The Garden Suite is the mansion's original master suite, splashed in burgundy and yellow. Its screened-in porch overlooks the herb garden below, and its bedroom features a king-size brass bed and a fireplace.

"The bed jacket worn by Vivien Leigh in Gone With The Wind *is in Scarlett's Room."*

True luxury is found in the Plantation Suite, characterized by French country decor. Crystal chandeliers hang high above the dining table, as well as in the bath. Here, the large round whirlpool bath can remain private or be opened up to the bedroom. An executive office adjoins the suite.

Whether you choose to stay overnight, or simply come to tour the property, bring your appetite. Stonewall's Tavern is a great place to relax and enjoy hearty food, drink, and friendly conversation, while The Old South Armory features family-style service and plenty of Southern cooking for groups of 20 or more. Upstairs, treat yourself to seven-course gourmet dining at Ashley's, where you'll dine by candlelight and soft piano music. In each of Tara's restaurants, the wine list is an integral part of the dining experience. With more than 250 vintages in its cellar, Tara has received four Awards of Excellence from *Wine Spectator*.

FROM THE OLD SOUTH TO THE OLD ORDER

Beyond the bonnets and wide-brimmed hats, the plain white farmhouses and strict code of conduct, the Old Order Amish thrive in the New Wilmington area, just 20 minutes from Tara. As you drive along Route 18 South from Tara, you'll spot Amish homes and farms by the telltale white sheets tied back as curtains in the windows. Subtle signs announce you are in Amish country; blink, and you'll miss them.

Although many retailers display Amish-made goods, adventurous shoppers seek out their own best buys directly from these creators of country quilts, custom-made leather saddles, and solid wood rockers, cradles, toys, or complete dining and bedroom sets. In warm weather, Amish women sell homemade baked goods at roadside stands.

For the Amish, their cottage industries are just that. Many live off the land's bounty or the skill of their hands, using diesel power (with car batteries to start their equipment) instead of electricity, and horse-drawn buggies and farm equipment rather than cars and tractors. Because the average family boasts eight to ten children, work is a way of life.

Amish education takes place in a one-room schoolhouse where children learn reading, writing, and arithmetic. Religion is taught in the home, not in churches, as small groups gather in homes one Sunday and visit other Amish the next. Baptism is saved for adulthood; in fact, this is such a vital passage that teenagers yearn to experience what they call "the English world" before making a commitment. Making friends among young people is hardly a problem here, because New Wilmington is also home to Westminster College, a four-year liberal arts college related to the Presbyterian Church (U.S.A.).

New Wilmington's Amish are entrepreneurial, but far less so than their equals across the state. Most establishments are open year-round, except on Sundays and major holidays. Do stop in and chat, but please don't take pictures at close distances. The Amish prefer to live *in* the world; they don't like to be *of* it. They're a friendly, honest, hard-working group of people!

—Loriann Hoff Oberlin

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Guests in search of a one-stop getaway weekend need not leave the premises. A well-stocked gift shop provides mementos, and diversion is as close as the billiard room, the indoor and outdoor pools, and the spa facilities. Other amenities include a well-stocked video library and VCRs in each room. Afternoon tea, weekend hospitality hours, and continental breakfast through room service are available as well.

With all the inn's offerings, it's no wonder that it's attracted the attention of distinguished guests, such as former House Speaker Tip O'Neill, talk-show host Paul Harvey, and Pennsylvania Governor Robert Casey. Many guests, especially those celebrating special anniversaries, birthdays, or a romantic honeymoon, take advantage of the Gone With The Wind Getaway Package, which is more reasonable than the standard room rates. Such special programs have helped spread the word on this charming retreat. Tara has earned the Mobil Four Star Award and the coveted AAA Four Diamond Award again in 1993. Also, it has remained Pennsylvania's only Four Diamond country inn for four consecutive years.

Tara is a bit of the Old South, found right here in the North!

More Information

Tara—A Country Inn is open year-round. Tours are conducted daily, 10:00 a.m. to 3:00 p.m., on the hour. Recommended for adults only. Reservations are necessary. Shopping and discount outlets are available in nearby Sharon, Pennsylvania. For more information, contact Tara at 800-782-2803 or the Mercer County Tourist Agency at 800-637-2370.

Can you name this picture?

... ***contest:*** *The Saturday Evening Post* will award $100 to the author of the winning caption for this picture. Your entry must be a limerick of exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible caption entries must be postmarked by Feb. 18, 1994.

The winner of the Jan./Feb. 1994 contest will be announced in the May/June 1994 issue.

Our congratulations and a check for $100 go to Barbara J. Hartsig of Stamford, Conn., for the winning entry in our Sept./Oct. 1993 caption contest.

They started their hike all-enthusing
Unaware that their way they were losing.
The cow and her calf
Had themselves quite a laugh.
But the Cubs did not find it aMOOsing.

Our Passion for Pasta

continued from page 21

over 10 years earlier. America manufactures more pasta than any other country in the world—4.8 billion pounds each year.

There are now about 50 pasta-producing plants in the United States that make nearly 150 different varieties of pasta. The largest privately owned U.S. pasta producer is the American Italian Pasta Company (AIPC), based in Excelsior Springs, Missouri.

Not all pasta has to be twirled, of course. There are many short forms that can be stabbed easily and transported without delay to the mouth. AIPC makes more than 50 different sizes and shapes; the Barella Company in Italy advertises 99. Whether you twirl or stab your pasta before you eat it is up to you.

Top U.S. publicly-held pasta manufacturers include: Borden, Hershey Foods Corporation, Quaker Oats Company, CPC International, and Archer Daniels Midland Company.

Some picturesque myths about pasta remain: Readiness to serve may be tested by throwing a strand against the

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kitchen wall (if it sticks, it's cooked). Another myth: Oil should be added to the water so the pasta won't stick.

Pasta making and consumption is sharply on the rise in the 1990s, and as for American men, women, and kids, there's no letup in their passion for pasta.

Herbed Meatball Minestrone

(Makes 6 servings)

6 oz. extra lean ground beef
1 tablespoon Italian seasoning
1 tablespoon fine dry bread crumbs
1 can (14½ oz.) low-salt stewed tomatoes, about 2 cups
1 cup low-salt tomato juice or low-salt V-8
2 cups water
1 cup bow-tie pasta (uncooked)
¼ cup thinly sliced carrot
¼ cup canned chick peas
½ teaspoon salt (if desired)
½ teaspoon basil leaves, crushed
1 teaspoon onion powder
¼ teaspoon garlic powder
¼ teaspoon coarsely ground black pepper
½ package (from a 10-oz. frozen package) chopped spinach

In a small bowl, combine lean ground beef and bread crumbs; shape into 20 meatballs. In a large skillet, brown meat on all sides; drain off and discard fat. Add stewed tomatoes, low-salt tomato juice or V-8, and water; bring to boil. Add pasta; cook, covered, until barely tender, about 12 minutes. Add carrot, chick peas, salt, basil, onion powder, garlic powder, and black pepper. Add more low-salt V-8 or tomato juice if needed. Cook, covered, until carrot is tender, about 5 minutes. Stir in spinach; heat until hot, about 1-2 minutes.

Per Serving (1¼-1½ cups):
Calories: 161 Carbohydrate: 26.4 gm
Cholesterol: 14 mg Protein: 10.2 gm
Sodium: 366 mg Fat: 1.5 gm
Diabetic exchange: 1 bread + 1 vegetable + 1 lean meat

Spicy Southwestern Pasta

(Makes 12 servings)

½ teaspoon ground cumin
2 cans (16 oz. each) low-salt tomato purée
¾ cup water
¼ cup instant minced onion
2 teaspoons chili powder
2 teaspoons oregano leaves, crushed
1 teaspoon garlic powder
1 teaspoon sugar
¼ teaspoon ground cinnamon
¼ teaspoon crushed red pepper
¼ teaspoon ground black pepper
¼ teaspoon salt (if desired)
1 can (16 oz.) black beans, drained and rinsed
1 package (10 oz.) frozen corn kernels (2 cups)
1 jar (7 oz.) roasted red peppers, drained and chopped
1 can (4 oz.) chopped green chilies
½ cup no-fat sour cream
16 oz. wagon wheel or rotelle (spiral) pasta, cooked without salt according to package directions

Combine ground cumin with tomato purée, water, onion, chili powder,

continued on page 82

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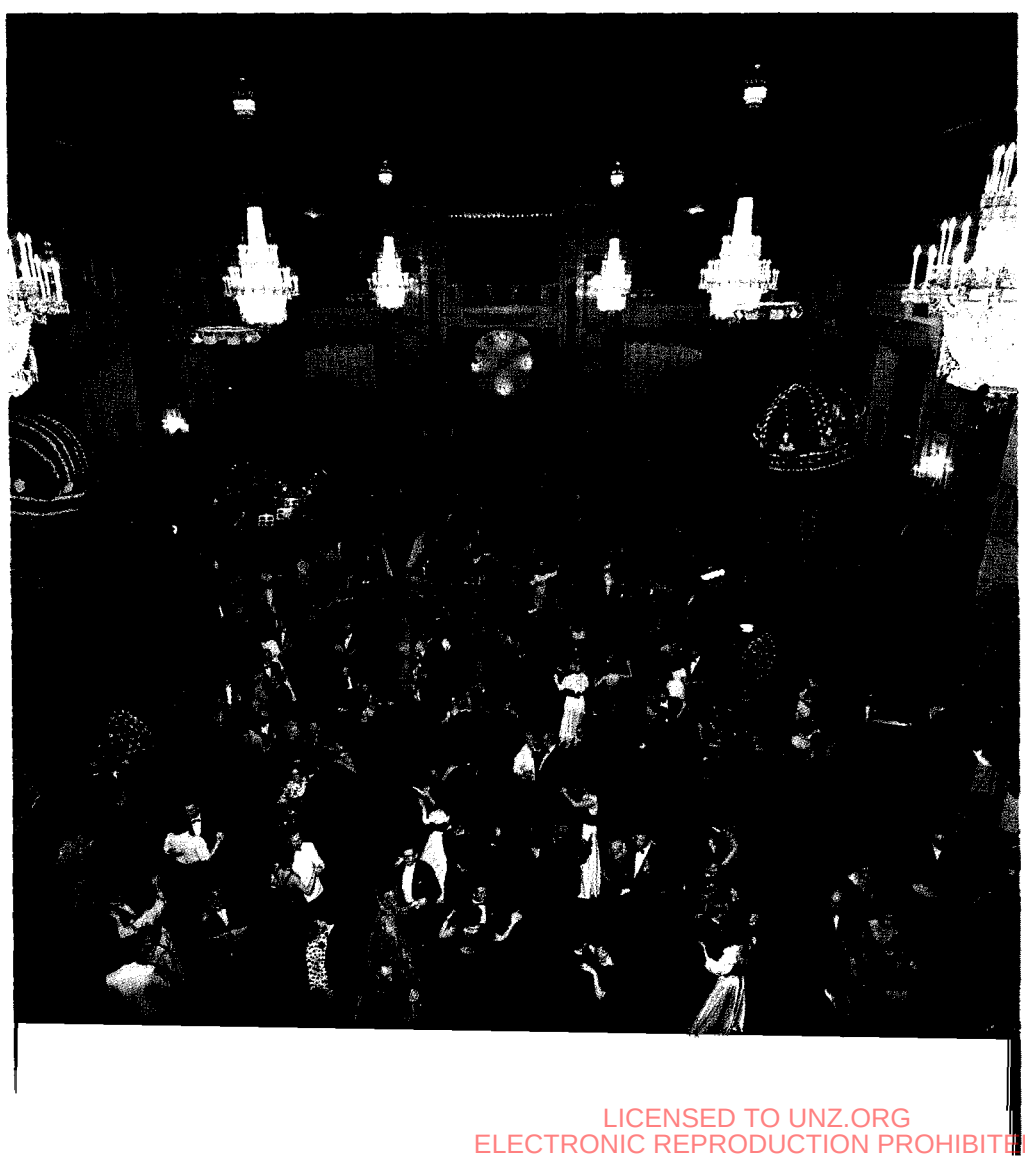
WALTZING IN THE NEW YEAR

Turn back the calendar a century or so, don your glass slippers, and direct your carriage to the Hofburg Palace in Vienna. The royal family awaits you.

by Carolyn Hughes Crowley

Tripping up the stairs to the Imperial Ball in the Hofburg Palace, I nearly fall at the feet of the emperor and empress. I had caught my high heel in the hem of my evening gown, borrowed especially for *Fasching*, Vienna's season of balls from November to Ash Wednesday in February.

Positioned every fifth step of the red-carpeted Grand Staircase are the court's soldiers of the imperial bodyguard in pink tuxedos, white gloves, and buckled shoes. Greeting the 2,700 New Year's Eve celebrants at the top of the staircase is an actor portraying Austria's Emperor Franz Josef I (1830-1916), the grandfatherly regent who ruled for 68 years. Standing next to him in an off-the-shoulder gown is the attractive, ill-fated Empress Elizabeth (1837-1898), also known as "Sissi," killed by an assassin. Franz Josef's persona appears everywhere, so much so the Viennese have branded the souvenir industry dedicated to his immortality as *Kaiser-Kitsch*. Two years after his death, the monarchy also died.



Near the top of the steps, I accept a bottle of perfume from a handsome footman and nod, exchanging no words with Austria's regal leaders. I hurry to a night of banqueting, waltzing, and watching a Viennese operetta gala unfold on three stages in the Festival Hall. With fewer mishaps (I am quickly learning when to pick up my skirt so I can move more gracefully and safely), I enter the 80-year-old Hall, where most of the world's leaders have met. I dance there, twirling to three-quarter time, under six crystal chandeliers and portraits of the throned Austrian powers and imperial Hapsburg rulers.

In the nearby Ceremonial Hall, under a magnificently coffered ceiling supported by stucco pillars more expensive than marble, more people dance and dine. This room, with its 26 crystal chandeliers, served as a backdrop for Napoleon I's courtship of his second wife, Marie-Louise, who later bore him a long-desired son, Napoleon II. More than a century-and-a-half later, Presidents Bush and Reagan dined there.

Another room for dancing, the Secret Council Chamber, is decorated in red, gold, and white, the colors of the Austrian baroque style. The Chamber's oak parquet floor is 100 years old; its walls are covered with stretch-mounted silk. Close by, revelers also ring in the new year in the Radetzky Room, named for Count Joseph Radetzky, the field marshal who brought the Wiener schnitzel to Vienna from Milan, Italy.

At midnight, *die Pummerin* ("the boomer")—Austria's largest bell, in nearby 13th-century St. Stephen's Cathedral—peals the joyous air 12 times. One of Vienna's many national treasures, the original bell was cast in 1711 from cannons captured from the Turks. It crashed into the nave during a 1945 fire and was replaced seven years later. The current boomer weighs some 22 tons and measures 10 feet across. Its knell causes dancers to pause momentarily to share a kiss or toast before they pick up the rhythm again.

The Imperial Ball, 24 years old in 1994, has an unusual goal. "The ball

The guest list includes partygoers from 50 nations. The backdrop is one of Austria's oldest and best addresses–the former winter residence of the Hapsburgs.

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is like a theater. You must be transmitted a little bit to the time when we were ruled by a monarch," says Regina Macho, the Imperial Ball's organizer. "Our most important times were then. The purpose is to have fun in make-believe."

The gala event costs its private sponsor $900,000 and yields almost no profit. Entertainment fees top $80,000; plants and 14,000 carnations cost $60,000. In the four dancing halls, bands play waltz themes, big band sounds, and military music.

"The waltz is a difficult dance, because you need a lot of steps to go straight ahead. You can't dance it properly here, because there isn't enough space," Macho explains. "About 5 percent dance it properly. The others move their feet more or less clumsily in a certain rhythm. If one doesn't know how to dance, that's not a reason not to come. Some people come just to look."

Would-be waltzers can practice their dance steps on New Year's Eve from 2:00-5:00 p.m. under a heated tent in Vienna's *Neuer Markt* place. The lessons are supervised by experienced instructors from some of Vienna's 25 dance schools. "Dancers' typical mistakes are taking too many steps and not being in time with the music," says Johann Schwebach, who's been dancing 50 years. The tent is along the New Year's Trail (*Wien Stadtsilvester*). The route leads through the streets of the Old Town of Vienna with about 70 keepers of typical Viennese taverns (*Beislu*) offering their food specialties, plus diverse variations of New Year's Eve drinks. A glass of American *Punsch* (punch) costs revelers about four dollars.

Along the trail, you'll see the *Marionbrater*, an enormous black metal charcoal roaster where crispy chestnuts and potatoes are cooked. Strollers buy cone-shaped newspapers filled with aromatic roasted chestnuts to satisfy their palates and warm their hands. Chestnuts are a Viennese winter institution.

Two brothers, Dan, 20, and Greg Hall, 21, who attend college in Michigan but grew up in Bonn, had their first encounters with the waltz at the Imperial

FOR MORE INFORMATION:

▶ Write the Austrian National Tourist Office, 500 Fifth Ave., Suite 2009, New York, NY 10110, or call 212-944-6880, or FAX 212-730-4568. For Imperial Ball tickets, write to Hofburg Kongresszentrum Wien, Heldenplatz, A-1014, Wien, Austria; telephone 222-587-36-66, or FAX 535-64-26. Ball prices, including dinner, range from $350-$430; tickets for a table without dinner range from $170-$195. Hours are from 7:30 p.m. to 3:30 a.m.

▶ Other activities: The Vienna Boys' Choir performs religious music at the Hofburg's *Burgkapelle* (a castle chapel completed in 1449) on New Year's Day. The Choir also performs at 9:15 a.m. High Mass on Sundays, as well as other public holidays. The Vienna Philharmonic Orchestra's New Year's concert costs $399; the Vienna Hofburg Orchestra plays Strauss waltzes and Lehár operettas Dec. 31 at 4:00 p.m. ($48-$86) and Jan. 1 at 11:00 a.m. ($53-$91).

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Ball. Attendance at this event was a Christmas present from their mother. "The two Viennese women we met at the Ball tonight—one is studying medical genetics, the other law and economics—are teaching us how to waltz," says Greg. "On the second try, I mastered the right foot. That was easy. Now we're going to work on the left foot. These girls are smart and pretty, and they know how to waltz."

Seven-time Imperial Ballgoer, retired Army Colonel Frank Snell, who wears 11 military medals on his chest, believes, "Only in Vienna can we see the past depicted with such magnitude. We are witnessing the gaiety of the Austro-Hungarian empire."

Stan Sahlstrom, 71, former chancellor at the University of Minnesota, walks with a cane, but waltzes nevertheless. He met the Russians at the end of World War II in Linz and went to Vienna to lay out the occupation zones. "As much as we Americans dislike the concept of royalty, we love to watch it and pretend, as we are doing here tonight," he says.

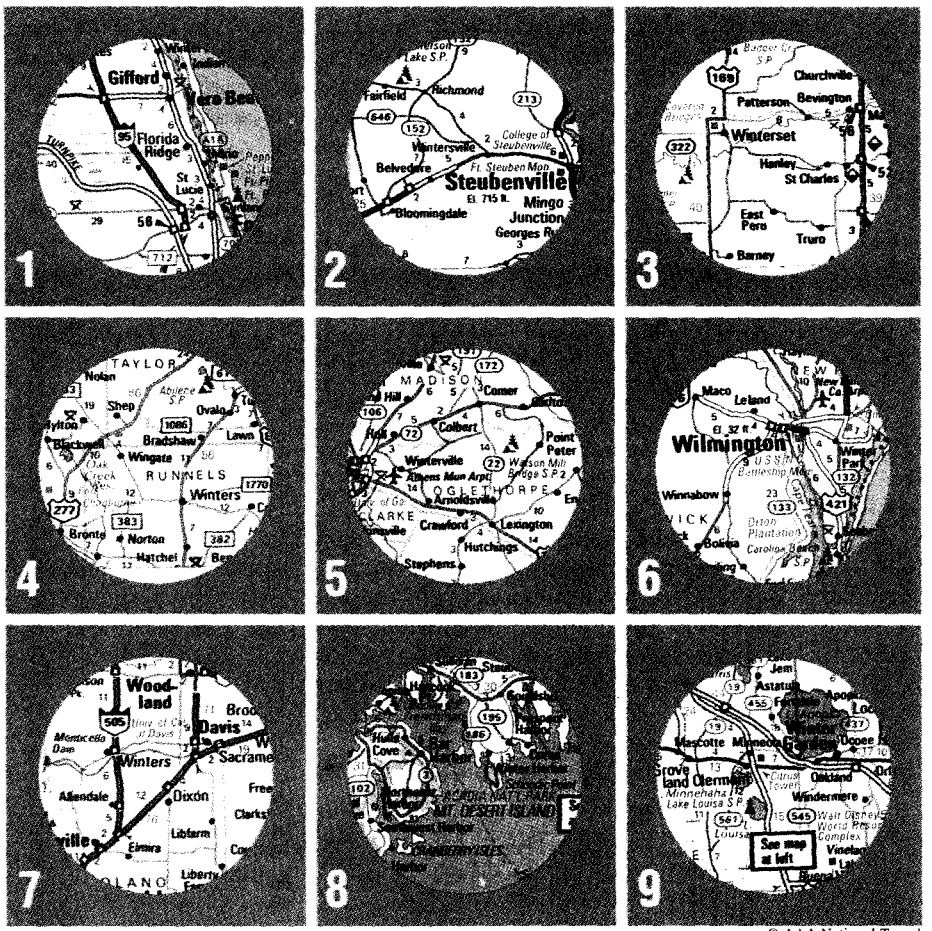
In Salzburg, Sahlstrom married his White Russian military translator, who had fled Russia. It was 1946. "The war was over and people were hungry and cold, but there was always music," he reminisces. He had helped General George S. Patton save the valuable mares and foals for Austria by bringing from Czechoslovakia the elegant white Lippizaner horses, a breed started in 1580 and descended from Arabian horses. The animals have become a Viennese trademark. Sahlstrom also captured German war horses and rode in the mountains near Salzburg. "The memories grow more vivid every year, but what I'm really doing here at the ball is reveling in my wife's history," he says.

Such reveling is enjoyable, but pricey. Women are expected to wear long evening gowns, and men must wear white tie and tails or tuxedos. "We appreciate the conservative style, because it's more appropriate to the purpose of the ball and to the imperial style. We want to revive old traditions," says Macho.

Lacking the correct clothes is no reason to miss the festivities, however. Waltz enthusiasts can pay a visit to Europe's largest costume house, Lambert Hofer, in Vienna. This rent-all to end all has almost 700,000 costumes and, besides dressing stylish ballgoers, provides clothing for up to 15 movies a year. Liz Taylor (for *A Little Night Music*), Omar Sharif, and Sir John Gielgud are among well-known performers who have rented costumes there. In three days, the store's 70 tailors and fitters can prepare a dress ($180-$250 rental with hat, gloves, and fan, but no shoes) and men's proper attire, complete with vests, bow tie, and top hat ($320).

An appropriate dress to rent for the Imperial Ball is from the 1840-1900 period, says Uli Fessler, Lambert Hofer's store manager. "In 1840, women wore wide undergarments, and in 1880, they wore the bustle," he warns.

To get to the Hofburg's Imperial Ball in style, hire a small horse-drawn carriage called a *Fiaker*. It can also pick you up at the end of the ball, around 3:30 a.m., at the palace's *Heldenplatz* (Heroes' Square). These carriages are enjoyable, expensive, and worth the splurge. You leave the make-believe Imperial Ball feeling like a real-life prince or princess who has just welcomed the new year in royal fashion.



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 95)

Going Public

continued from page 70

M. A. Mobley: Yes, I would love to. I do a lot of races for the cure for breast cancer. I would love to be involved.

Dr. SerVaas: Great. I want to thank you so much for speaking to us about your Crohn's disease and for your wonderful work with the Crohn's and Colitis Foundation.

M. A. Mobley: It's my pleasure.

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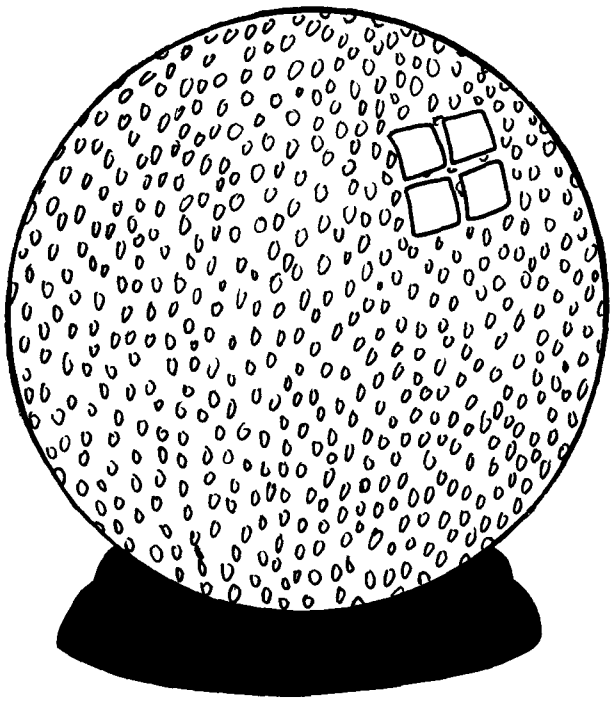
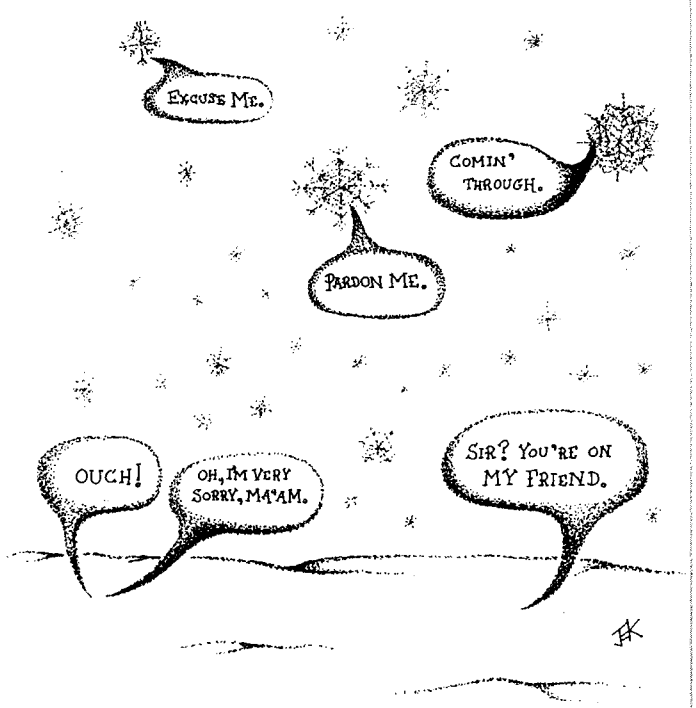
WINTER WONDERLAND



Rockwell

"Roger! Turn off that snow blower!"



SNOWFLAKE RUSH HOUR

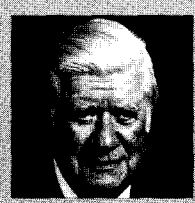
One out of every 300 people in the United States has an ostomy...

...You're not Alone.

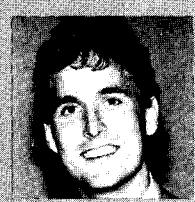
Life with an ostomy can be better living than you've had in a long time! Having an ostomy can give you back your life and free you from the troubles of disease. You can join the thousands of others who have undergone this lifesaving surgery and resume a full and normal lifestyle.

We would like the opportunity to introduce you to some very special people who have had ostomy surgery and have gone on to live their lives to the fullest. They are committed to helping others and will share their remarkable come-back stories in *You're not Alone*, the two hour, double audio tape set to remind you that "you are not alone."

Rolf Benirschke—Former NFL Placekicker, San Diego Chargers
"My illness and ostomy surgery changed my life forever. Not only was I given the chance to resume my career in the NFL, I also learned the lesson of never giving up."



Tip O'Neill—Former Speaker of the House.
"If your doctor is recommending the procedure, get into the hospital and get yourself straightened out. Since my colostomy surgery, there is nothing I can't do."



Marvin Bush—National spokesperson, Crohn's & Colitis Foundation of America; Youngest son of former President George Bush.
"My illness was a losing battle. Ostomy surgery relieved me of my disease and pain, and helped me get my life back to normal."

Please send _____ two-tape set(s) of *You're not Alone* at $22.95 for each set. To order, call 1-800-433-5818 or send this coupon to:
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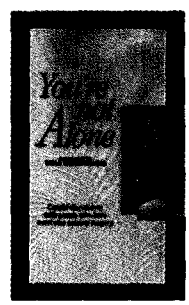

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Our Passion for Pasta

continued from page 77

oregano, garlic powder, sugar, cinnamon, crushed red pepper, black pepper, and salt; bring to boil. Reduce heat and simmer 15-25 minutes, covered, to blend flavors. Stir in black beans, corn, roasted red peppers, and green chilies. Cook until corn is crisp-tender, about 5 minutes; remove from heat. Place ½-cup mixture in small bowl. Stir in no-fat sour cream until blended; stir mixture into skillet. To serve, toss sauce with cooked pasta.

Per Serving (1 cup):
Calories: 261 Carbohydrate: 51.2 gm
Cholesterol: trace Protein: 10.4 gm
Sodium: 191 mg Fat: 1.5 gm
Diabetic exchange: 3 bread + 1 vegetable + trace of fat

Triple Cheese Pasta Primavera
(Makes 8 servings)

1 package (8 oz.) spaghetti
1 tablespoon low-fat margarine
2 cups diced sweet red or green bell peppers
2 cups sliced zucchini or yellow summer squash
1 package (8 oz.) fresh mushrooms, sliced (about 2¼ cups)
1 cup part-skim-milk ricotta cheese
½ cup (2 oz.) skim-milk mozzarella cheese, shredded
¼ cup skim milk
2 tablespoons grated Parmesan cheese
1¼ teaspoons Italian seasoning
1 teaspoon salt (if desired)
¼ teaspoon ground black pepper

Cook spaghetti according to package directions in unsalted water. Meanwhile, in large skillet, melt margarine. Add bell peppers; cook and stir occasionally until barely tender, about 3 minutes. Add squash and mushrooms; cook and stir occasionally until barely tender, about 4 minutes. Drain pasta; toss with vegetables in skillet; cover to keep warm. In saucepot where spaghetti was cooked, combine ricotta, mozzarella, milk, Parmesan, Italian seasoning, salt, and black pepper. Over medium-low heat, cook and stir cheese mixture just until hot, about 1 minute; *do not boil.* Add reserved pasta and vegetables; toss to coat; remove to a serving platter. Sprinkle with additional Parmesan cheese, if desired.

Per Serving (1-1¼ cups):
Calories: 194 Carbohydrate: 26.9 gm
Cholesterol: 10 mg Protein: 10.6 gm
Sodium: 113 mg Fat: 4.1 gm
Diabetic exchange: 1½ bread + 1 vegetable + ½ high-fat meat

Rotelle Ricotta Bake
(Makes 8 servings)

1 package (16 oz.) rotelle (corkscrew) pasta
1 package (6 oz.) sliced skim milk mozzarella cheese
1 package (10 oz.) frozen chopped spinach, thawed
¾ cup egg substitute
1 container (15½ oz.) part-skim ricotta cheese
1 jar (14 oz.) prepared marinara sauce
⅔ cup grated Parmesan cheese
1 teaspoon salt (if desired)
½ teaspoon ground black pepper

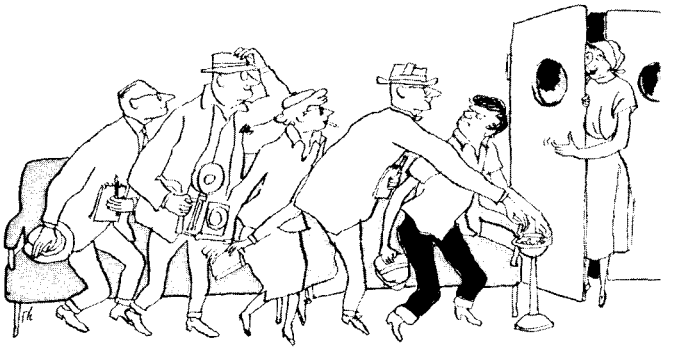
Preheat oven to 375° F. Cook rotelle according to package directions, but without salt. Drain; set aside. Spray a 13" x 9" x 3" pan with noncaloric vegetable-based spray; set aside. Cut mozzarella cheese in ¾-inch strips; set aside. In a colander, thaw spinach; using a wooden spoon, press out as much liquid as possible. In a large bowl, lightly beat egg substitute; stir in ricotta cheese, marinara sauce, Parmesan cheese, salt, black pepper, spinach, rotelle, and half of the mozzarella. Spoon into prepared pan; cover with foil. Bake until hot, about 15 minutes; remove foil. Arrange reserved mozzarella strips diagonally in rows over rotelle about 1½ inches apart. Bake until cheese melts, between 5-10 minutes.

Note: To make ahead, prepare up to 1 day ahead of serving. Cover with foil and refrigerate until about 1 hour before serving. Increase covered baking time to about 30 minutes.

Per Serving (1½ cups):
Calories: 413 Carb.: 52.7 gm
Chol.: 23 mg Protein: 28.7 gm
Sod.: 595 mg Fat: 9.7 gm
Diabetic exchange: 3 bread + 1 vegetable + 2 medium-fat meat

Herbed Ziti and Chicken
(Makes 8 servings)

8 oz. ziti, uncooked
4 teaspoons vegetable oil, divided
4 boneless, skinless chicken breast halves (about 1½ pounds), diced
½ cup finely diced celery
½ cup finely diced onion



You Be the Judge

by Florence K. Palmer

Daisybelle attained fame by becoming a mother at the age of 12. When the press headlined her achievement, her 26-year-old husband stormed into court and sued.

"All this newspaper stuff causes folks to make fun of us," the husband alleged. "We said we didn't want publicity or pictures, and even put a sign on Daisybelle's hospital door to keep out reporters. Now my wife is suffering mental agony because her privacy has been invaded."

"What's so private about a birth, your honor?" counsel for the press countered. "Births are a matter of public record. Further, as the young couple had been married well over a year, there was nothing malicious in our publishing the news of their happy event."

If you were the judge, would you award Daisybelle damages?

Daisybelle lost. The court said that the right of individual privacy is not absolute, especially where freedom of speech and press are involved. It added that the law does not recognize the right of privacy in inherently public matters, such as the vital statistics of births, marriages, and deaths, nor does it protect supersensitiveness.

Based upon a 1956 South Carolina decision.

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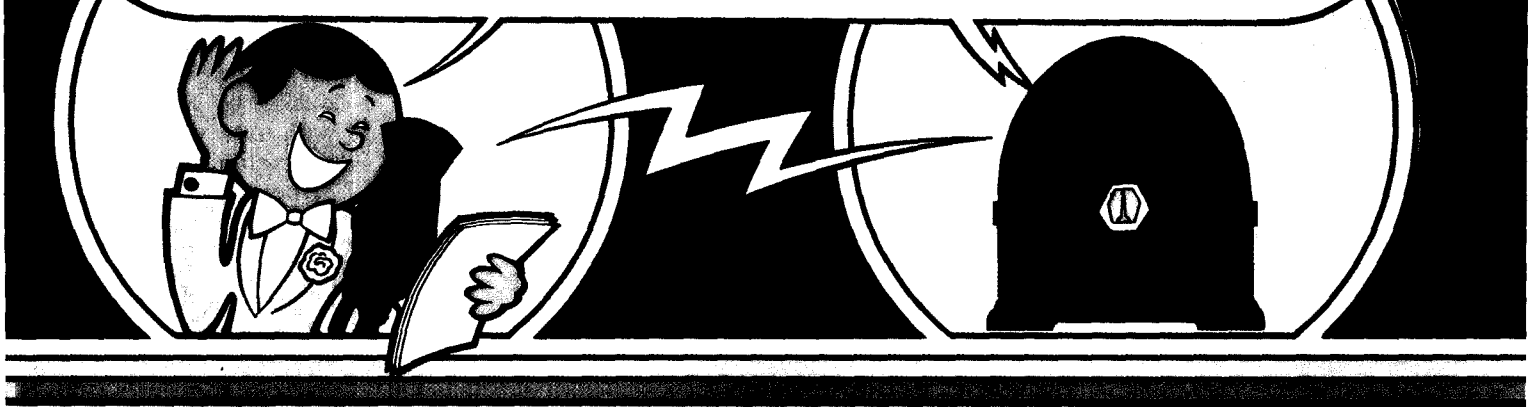

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1 cup frozen peas
10 spears asparagus, cut into 1-inch pieces
1 cup low-sodium chicken broth
2 tablespoons chopped fresh basil or 2 teaspoons dried basil
1 tablespoon chopped fresh tarragon or 1 teaspoon dried tarragon
¼ cup chopped fresh parsley or 1 tablespoon dried parsley
¼ teaspoon freshly ground black pepper
3 tablespoons Dijon mustard

Cook pasta according to package directions; drain.

In a large skillet or wok, heat 2 teaspoons vegetable oil over medium-high heat. Add chicken and sauté, stirring constantly, until cooked (about 2-4 minutes). Remove chicken and set aside.

Add remaining 2 teaspoons oil to skillet. Add celery and onion and cook 1 minute. Add peas, asparagus, and chicken broth. Bring mixture to a simmer, cover and cook 5 minutes or until asparagus is just tender. Stir in basil, tarragon, parsley, ground black pepper, and Dijon mustard. Add pasta and chicken pieces and heat through. Serve hot.

Per Serving (1 cup):
Calories: 250 Carb.: 25.4 gm
Chol.: 48 mg Protein: 22.7 gm
Sod.: 225 mg Fat: 5.9 gm
Diabetic exchange: 1½ bread + ½ vegetable + 2 lean meat

Fettuccine with Muenster and Caraway

(Makes 8 servings)

1 can (14½ oz.) low-salt stewed tomatoes
¾ teaspoon caraway seeds
2 cups shredded reduced-fat muenster cheese (about 8 oz.)
12 oz. fettuccine noodles, cooked without salt according to package directions

Strain tomatoes into small saucepan. Chop tomatoes; add to tomato liquid in saucepan along with caraway seeds. Simmer, uncovered, for 5 minutes. On serving plate, toss 1¾ cups muenster cheese with hot fettuccine. Top with tomato mixture and sprinkle with remaining cheese.

Per Serving (¾ cup):
Calories: 252 Carbohydrate: 36.1 gm
Cholesterol: 25 mg Protein: 14 gm
Sodium: 206 mg Fat: 5.7 gm
Diabetic exchange: 2 bread + 1 vegetable + 1 medium-fat meat

Losing Charlene

continued from page 41

physician had recommended that she be taken to Indianapolis.

"Being in medicine myself now, I understand how seriously ill she was at that time. But because Charlene was not a complainer, we may have been lulled into a false sense of hope. I should have known better. She had a kind of wasted appearance. Her clothes hung on her; she had a taut look about her face; her eyes were dark and sunken.

"Next, I remember receiving a call saying my presence was needed immediately. I thought, *Maybe she's going to die.*"

Greg paused. His voice broke and tears came. He was being interviewed for "*The Saturday Evening Post* Health Show" on television. Later, I noticed that the show's producer, Anita Myers, had skillfully edited out these portions of the show, because she didn't think Greg would want to be shown crying.

Charlene touched many lives and in none will she have more impact than that of Greg Comstock. He had taken the day off work to be interviewed about Charlene.

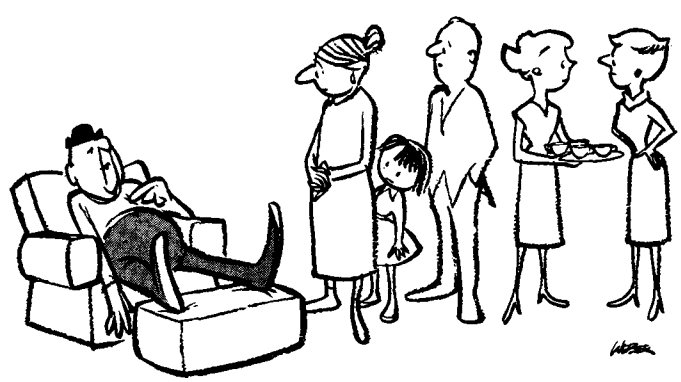
He continued:

"I pulled off the side of the road to a pay telephone and was able to reach my mother. I asked if Charlene was still alive, and the answer was, 'Yes, but you need to get here as quickly as you can.' When I arrived at Charlene's room, my parents were waiting. I had never seen such a look on their faces. It was a look of total loss, helplessness, and frustration.

"I kept asking myself, 'How can someone who is 17 years old, who just two weeks earlier stood up and hugged me and told me, "Good luck on your finals; I'll see you in a couple of weeks" be lying in a bed with intravenous tubes, hyperalimentation, Foley catheterization, arterial line, cardiac monitor, every conceivable medical device plugged into places that I didn't think possible to place into a human body and still be able to smile at me?' As I looked at all the medical equipment, I kept thinking, *This will fix her; surely, this will make her better.*

"The next 48 hours were pretty much a blur. We were permitted to visit her as often as the intensive care units could allow. We were kept informed of progress every ten minutes, but even the physicians who had been so hopeful began to doubt the

continued on page 95



The Perfect Squelch

When Tom suffered a mild heart attack shortly after he turned 50, his relatives and friends were surprised as well as concerned. For the attack certainly was not induced by overwork. Tom devoted his life to what he smilingly called "the genteel art of loafing." He took only the softest temporary jobs, and as few of them as possible.

After the attack, he concentrated more than ever on doing nothing. He also constantly mentioned his "condition." One evening at a family gathering at the home of his Aunt Jane, a hard-working spinster, he began a long account of his illness.

"My doctor," he stressed, "ordered me to avoid hard work and get plenty of rest."

"My goodness, Tom," his Aunt Jane spoke up, "that must have been the same doctor you went to as a young man."

—L. M. Mabbott

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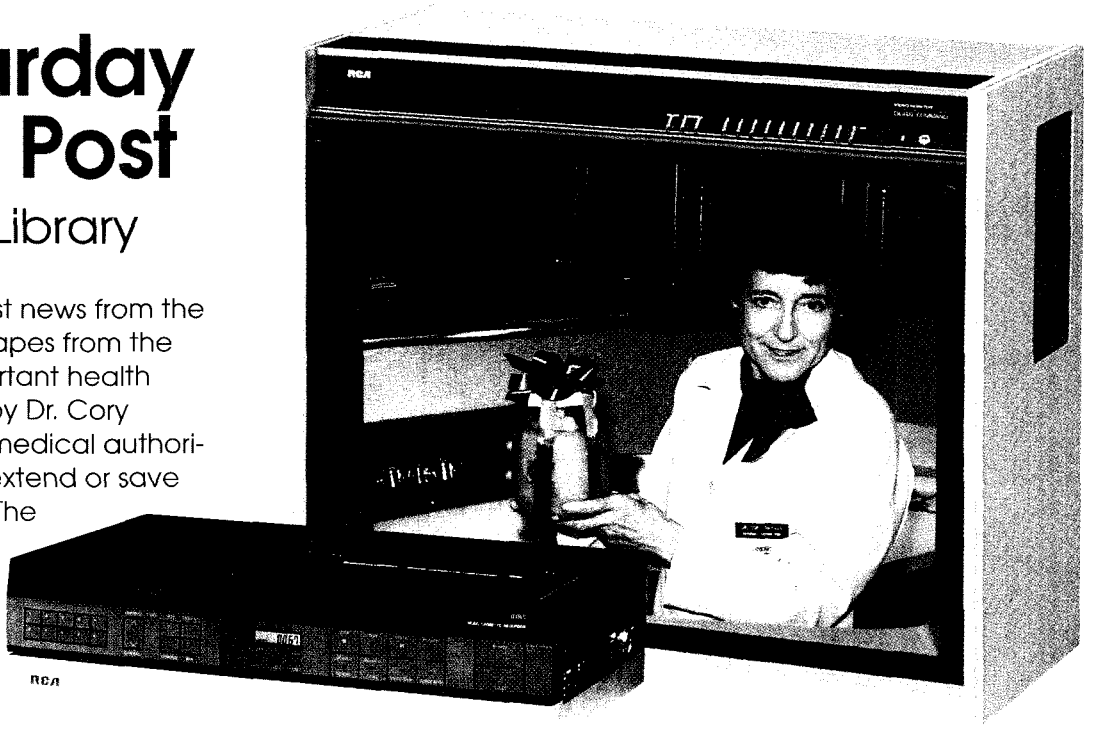
The Saturday Evening Post

Home Video Library

Fast-forward to the latest news from the health front with videotapes from the *SatEvePost* library. Important health subjects are discussed by Dr. Cory SerVaas and her guest medical authorities, subjects that may extend or save the life of a loved one. The tapes sell for $14.95, postage paid.



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One-hour documentary on high-fiber foods with Dr. Denis Burkitt of London.

Videocassette #2
Dr. Richard Griffith and Dr. Christoper Kagan discuss lysine as a weapon against herpes virus.

Videocassette #3
The story of Adm. Joe Synhorst has helped many to quit smoking.

Videocassette #4
A documentary on the discovery and development of high-lysine corn.

Videocassette #5
British physician Katharina Dalton discusses premenstrual syndrome and her effective treatment.

Videocassette #6
Herpes
Cholesterol
Voice Prosthesis
Kidney Stones
Diabetes
Emphysema/A Test Will Tell
Spina Bifida
Pyorrhea
Anesthesia

Videocassette #7
Flexible Sigmoidoscopy
False-Negative Lab Tests
Lead Poisoning
Colon Cancer
Hearing Aids
Appendicitis
Obesity
Fitness

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Menopause
Glaucoma
Insomnia
Smoking

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Lithotripter
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Cholesterol/Fiber Foods
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Psoriasis
Hypertension
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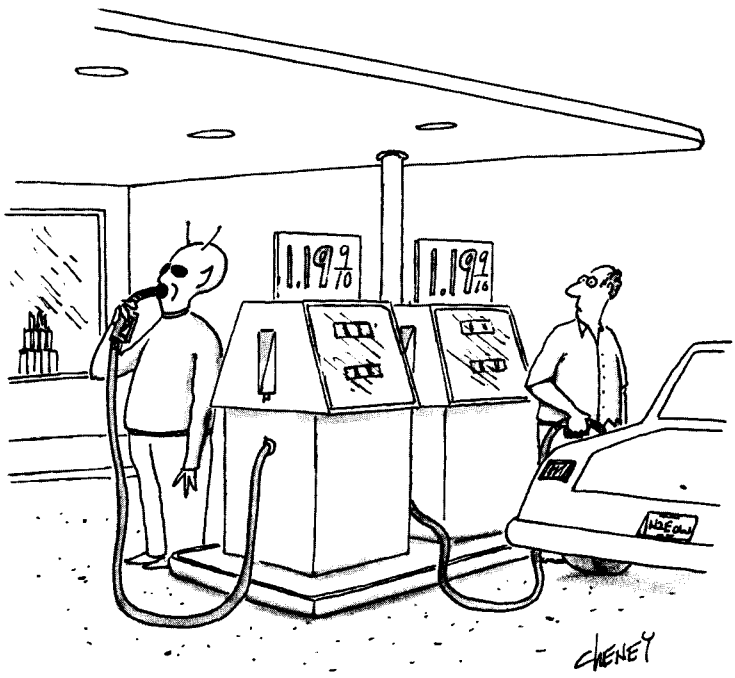
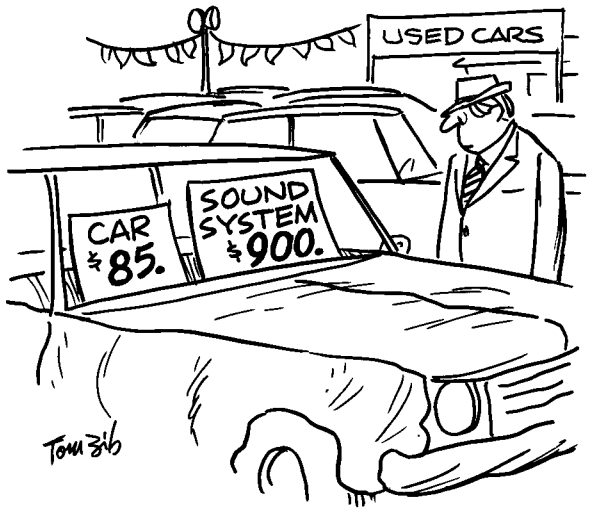
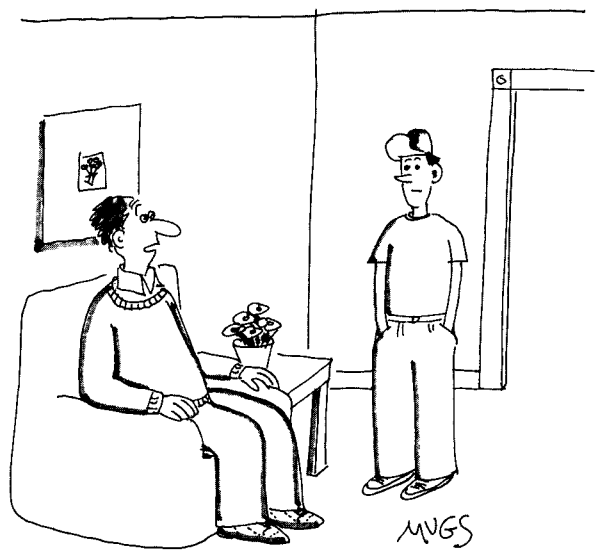
"That's the 'tune-up'? You put a Frank Sinatra tape in my stereo?"

TROUBLE ON FOUR WHEELS



"We're looking for something Junior won't be ashamed to drive but nothing my husband looks too sporty in."





"But the main reason I can't let you borrow my car is that I've never seen you before."

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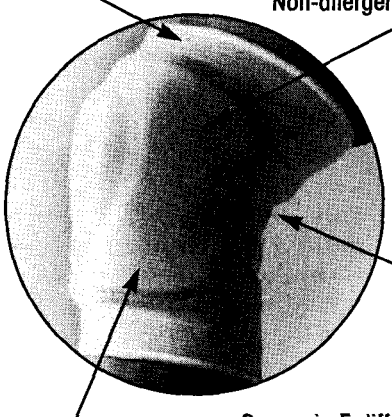
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MEDICAL MAILBOX

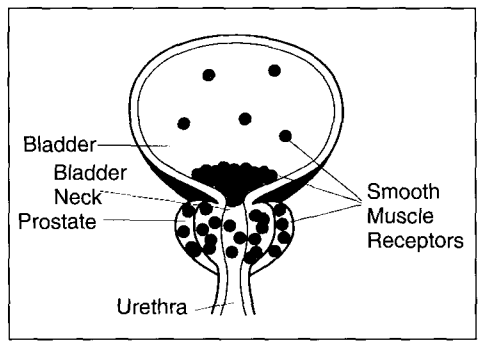
by Cory SerVaas M.D.

"Iron rusts, stagnant water loses its purity . . . even so does inaction sap the vigor of the mind."—*Leonardo da Vinci*

Drugs vs. Surgery for Enlarged Prostate

When 285 men with symptomatic BPH were put into a clinical trial of terazosin hydrochloride, the results exhibited significantly fewer symptoms in the men who received the drug than the placebo.

"This study unequivocally demonstrates the safety and efficacy of terazosin for the treatment of BPH. Selective alpha 1 blockade is likely to gain widespread acceptance for the treatment of BPH, due to its safety and efficacy," predict the authors in *The Journal of Urology.*



The receptor sites for smooth muscle are shown in red. Hytrin blocks the stimulation of the smooth muscle, relieving enlarged prostate (BPH) symptoms without surgery.

Enlarged prostate symptoms such as hesitancy and frequency of urination can be caused from an increase in prostate size or an increase in smooth muscle tone of the prostate and bladder neck. Proscar helps diminish the size of the prostate; Hytrin, the trade name of terazosin, blocks the increase in smooth muscle tone. Dr. David J. Pizzuti of Abbott Laboratories states, "We know that the *size of the prostate* does not correlate with either the presence or severity of BPH symptoms." Terazosin hydrochloride blocks stimulation of the smooth muscle found at the bladder neck and in the prostate. When the muscle relaxes, pressure on the urethra diminishes and urine flow is reestablished. Without surgery, symptoms improve, sometimes in as little as two weeks.

The clinical testing at multicenters showed that in a large number of patients, terazosin hydrochloride significantly improved BPH symptoms: frequent urination during the day and night, hesitancy, stopping and starting of urinary flow, impairment in the size and force of the urinary stream, the sensation of incomplete bladder emptying, and dribbling. The drug had only minor side effects. Some patients experienced a sudden drop in blood pressure after the first dose, but taking the medicine at bedtime minimized the dizziness or lightheadedness. Terazosin hydrochloride has been available since 1987 for treatment of high blood pressure; however, among BPH patients with normal blood pressure, blood pressure remained normal.

Through Abbott Laboratories, physicians will be able to provide BPH patients with up to a 21-day supply of free Hytrin samples and educational information. For information about the program, the Hytrin Free Start, patients should contact their physicians.

"Whoops, it's my first day. Haven't got my bearings yet."

Arkansas Investigates Newborn Galactosemia Screening

Dear Dr. SerVaas:

On behalf of the Department of Health, I would like to thank you for your publication's interest in newborn screening for galactosemia. We have already received several inquiries from state legislators on this subject in response to the materials recently sent out by your group. As medical consultant for the newborn screening program here, I have been asked to provide you with a status report of our activities related to galactosemia screening.

We in Arkansas have been researching the feasibility and potential benefits of galactosemia screening for at least two years. It is our position that decisions on additional tests to the newborn screening battery should be based upon the best available *state-specific* cost-benefits analysis, and that these decisions should not be pressured by such considerations as how many other states happen to be performing the screening assay under consideration. With regard to costs involved in galactosemia screening, we have been particularly concerned about the high false-positive rates associated with Beutler spot testing, particularly in warm humid climates such as we have here. We must also factor in the relatively low birthrate here (35,000 per year), which inherently raises the cost of detecting each case as compared to some other states. In terms

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of effectiveness, recent studies suggest a very rapid turnaround time is mandatory to obtain any benefits from screening for this disorder. Therefore, to address these issues, we have been researching available methods of metabolite (galactose) assay for first-line screening. In the next few months, our laboratory will be performing anonymous testing for galactose on a large number of specimens to assess the feasibility of a particularly promising fluorometric method that may also be useful for PKU and hypothyroidism screening. Should this evaluation, which will include a projection of costs vs. benefits, have favorable results, it is highly likely that a recommendation will be made to the legislature for action during the 1995 General Assembly.

Thank you again for your interest and concern. Feel free to either write me or call if you would like an update at any time.

Bob West, M.D.
Pediatric Consultant
Arkansas Department of Health
Little Rock, Arkansas

In addition to Arkansas, only three states do not yet test newborns for this serious but preventable cause of mental retardation. These states are: Hawaii, Louisiana, and Washington.

Responding in Good Taste

Dear Dr. SerVaas:

This is in response to the letter from Joseph F. Wilson, Jr., of Albany, Georgia, in the Sept./Oct. '93 issue.

I suffered from a loss of taste and smell for a number of years. Not only was it discouraging that I could no longer taste favorite foods, it was very worrisome that I could not smell gas leaks or things burning.

Thank goodness I learned about The Taste and Smell Clinic, which was founded by Dr. Robert I. Henkin in 1969. (The address is 5125 MacArthur Blvd., Suite 20, Washington, DC 20016, phone 202-364-4180.)

I have been back in the normal range of taste and smell for several years, and my quality of life is wonderful! I return to the clinic once a year for tests and re-evaluation of medication and treatment.

Please let Mr. Wilson know about Dr. Henkin at The Taste and Smell Clinic. So many people have been helped there—I hope he can be helped, too.

Caroline C. Welkom
Buffalo Grove, Illinois

Clearing the Air

Dear Dr. SerVaas:

The Sept./Oct. issue has a question about air conditioning allergy. I have it.

When this was recognized several years ago, it was not attributed to duct pollution. The literature on the subject at that time related it to the quality of the air coming out of air conditioning units. It then had (and I presume in some instances still has) a complete lack of moisture. As it flows over an individual's skin (particularly someone with naturally dry skin), it absorbs any available moisture, thus rapidly changing skin temperature. It is likely to produce something like a short, sharp case of flu.

I recall also some study on skin temperatures related to operating room surgical recovery, so I felt sure that some people had a skin-temperature problem.

It was also my recollection from the literature of that time, several years ago, that about 10 percent of the population was allergic to air conditioning.

Two things: (1) I fight air conditioning by keeping out of it, and when I have to be in it, keeping as much skin covered as I can, and keeping out of direct air flow, and (2) I think that some building air conditioning has improved by adding a moisture content to the flow of air.

George W. Ericksen
Tampa, Florida

Detect Blood Clot With Tape

A recent study in *Angiology,* a journal for heart specialists, suggests a new use for the tape measure. The study shows that a simple tape measure is accurate at detecting often painful blood clots in deep leg veins.

Comparing the differences in measurements between legs can reveal the problem area. The researchers noted that a difference of more than one centimeter (about half an inch) between the thighs, the calves, or the ankles indicates a significant clot in the larger leg.

Prostate Cancer Found with PSA

Dear Dr. SerVaas:

Prostate cancer is one of the leading causes of death for men over 55.

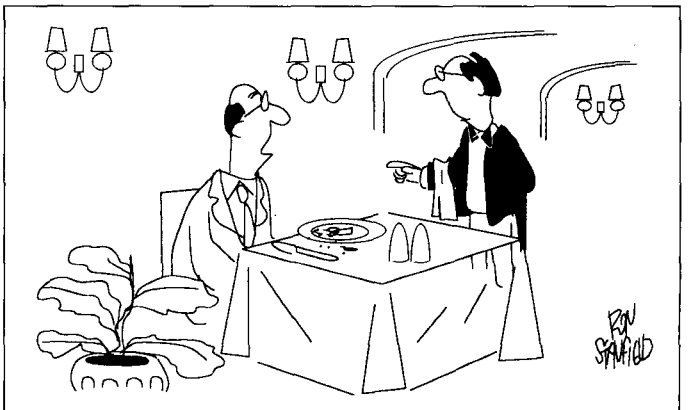
The earlier that it is detected, the higher the survival rate.

I am a 78-year-old male.

During a physical and blood test, my doctor requested a prostatic specific antigen check. (This test sometimes indicates the presence of prostate cancer.) In my case, the indications were likely that I had prostate cancer. A follow-up biopsy procedure a few days later showed that I do have malignant prostate cancer.

Last week, I received in the mail the following notice from Medicare:

"This service has been billed to and denied by Medicare as 'not reasonable and necessary' under Section 1862 [a.] (1) of the Medicare law, coded 'routine physical exam,' not covered. Please do not resubmit



"For what hospital did your chef once cook?"

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this billing to Medicare."

This is a test that can be made anytime that blood is drawn for other testing, without any additional procedures. If it were mandatory in the routine checkup of all elderly men, perhaps their prostate cancer would be detected at a much earlier stage than mine was.

If you are male and over 55, did your doctor request this test, or did he feel that, like Medicare, it was "not reasonable and necessary" and thereby saved you the $37.80 that Medicare wouldn't pay?

I would have preferred to have had my malignant prostate cancer detected at an earlier stage. Would you?

Don H. Gibson
Sequim, Washington

Two Kinds of Milk Problems

Dear Dr. SerVaas:

I read with great interest your article in "Medical Mailbox" about ulcerative colitis. I have a 12-year-old grandson who was very ill a year ago with ulcerative colitis. He has now taken sulfasalazine for the past six months and seems to tolerate it. The doctor has frightened him so that he worries about whether he might miss a dose and get sick again.

I read in health books that this condition can be caused by allergy to foods. He does drink a lot of milk, which he tries to cut back on since he has been so ill. The doctor tested him for milk allergy and says he doesn't have milk allergy. I wonder about other foods; could they be the culprit? Would it be wise to get more tests?

Ellen Smith
Albuquerque, New Mexico

Milk allergy is a reaction to casein, which is milk protein. Often the problem with milk is not an allergy, but *an inability to digest lactose,* which is milk sugar. Lactofree, an infant milk formula with casein but no lactose, may be useful in identifying what it is in milk that causes symptoms.

Many people who have Crohn's or ulcerative colitis report food intolerances of some sort. Lactose is the most common intolerance in inflammatory bowel disease. Intolerances to gluten and fructose are two other common offenders. Although gastroenterologists believe foods can aggravate IBD, none of the authorities interviewed by the *Post* felt IBD was *caused* by food allergy.

Dr. Richard Kozarek, clinical associate professor of medicine at the University of Washington, comments about food intolerances on page 47 of this issue.

"Never give up trying to find out what irritates a colon until an answer is found" is our motto.

"Keep him off balance. Every time he's about to make a diagnosis, throw him another symptom."

Ulcerative Colitis *Is* Manageable

Dear Dr. SerVaas:

Upon reading the Nov./Dec. '93 article about ulcerative colitis, I would like to tell Victoria Roberson of Texas—all is not hopeless! I was diagnosed with chronic ulcerative colitis when I was 25 years old and pregnant with my fourth child (who, by the way, is going to be 31 on his next birthday). I'm still around, am 56 now, and still know where all the bathrooms are in my area. I take two to four Imodium, 2 mg, about noon before I eat. I have more flareups in the spring and fall; otherwise, I do pretty good. Just take one day at a time, as with any chronic illness. Good luck!

Genevieve Southard
Stow, Ohio

Folic Acid Update

MMWR is an eponym that stands for the *Morbidity and Mortality Weekly Report* put out by the Centers for Disease Control and Prevention in Atlanta. It is invaluable in tracking health information. Recently, it stated: "Spina bifida and anencephaly are common and serious birth defects. Available evidence indicates that 0.4 mg (400 mcg) per day of folic acid, one of the B vitamins, will reduce the number of cases of neural tube defects (NTDs). In order to reduce the frequency of NTDs and their resulting disability, the United States Public Health Service recommends that:

"All women of childbearing age in the United States who are capable of becoming pregnant should consume 0.4 mg of folic acid per day for the purpose of reducing their risk of having a pregnancy affected with spina bifida or other NTDs."

Post readers know that since 1982, we have been urging women of childbearing potential to take folic acid to prevent neural tube defects. Many of these children, who are confined to wheelchairs for life, suffer from multiple bladder and kidney problems because of their paralysis.

Toxic Fish: Travelers' Alert

A toxin found in certain tropical fish may pose a problem for unwary vacationers in Florida, the Caribbean, and the South Pacific. According to a recent article in *Archives of Internal Medicine*, a little-known form of fish poisoning called ciguatera (*sig-wa-tear-a*) has be-

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come the most common seafood-related illness.

Tropical fish such as red snapper, barracuda, grouper, and sea bass build up toxins in their systems from feeding on smaller fish that feed off contaminated marine algae growing on coral reefs. Because fish must harbor a high level of the toxin to be poisonous to humans, researchers say only the large specimens of these fish are dangerous when eaten.

Symptoms of ciguatera poisoning begin between several hours and a day or more after consuming contaminated fish. They include nausea, vomiting, watery diarrhea, and abdominal cramps, followed by neurological symptoms: numbness in the extremities and lips, tongue, and throat. Some patients have a reversal of hot and cold sensations, in which ice feels hot and fire feels cold. Other symptoms include dry mouth, shooting pains in arms and legs, weakness, dizziness, and a sensation that the teeth are loose; also, itching skin, blurred vision, and abnormally slow heart rhythm. The toxin may also be harmful to fetuses.

Ciguatera poisoning symptoms are often misdiagnosed as chronic fatigue syndrome, multiple sclerosis, or brain tumors.

There is no specific test for ciguatera poisoning, but there is a remedy that works if applied within 48 hours after the toxin is consumed. Large intravenous doses of mannitol, a complex sugar, can counter the effects of the toxin and reduce the severity of symptoms.

Normally, fish small enough to fit on a plate will not be harmful, but diners should stay away from larger fish and seafood dishes that contain unspecified types of fish. Species to avoid include: red snapper, grouper, barracuda, amberjack, surgeonfish, horse-eye jack, crevalle jack, bar jack, hogfish, dog snapper, sea bass, and king mackerel.

Aspartame Questions

Dear Dr. SerVaas:

I am a long-time subscriber to *The Saturday Evening Post*, and it is my favorite magazine.

I shall appreciate any information you may offer in regard to aspartame, which I understand is the sweetener used in NutraSweet and a good many other edible products. Is there a side effect to the body by using aspartame?

I am not diabetic, but ever since I have been a small child, sugar has made me break out in a rash, if I use too much. It is a body-covering rash, accompanied by severe itching.

Mary B. Connaway
Elizabethtown, Kentucky

In the Nov./Dec. '93 issue, we published a letter from Martha Hatch of Seattle, requesting information regarding aspartame (NutraSweet). We forwarded her letter to Dr. H. J. Roberts, director of the Palm Beach Institute for Medical Research. His reply follows:

"I have repeatedly emphasized that the diagnosis of multiple sclerosis and related neurologic disorders such as ALS should be deferred in persons consuming aspartame products until after they have discontinued such use for a number of months. The combination of various neurologic and eye symptoms (including blindness) could readily mislead physicians who are not aware of aspartame disease.

"Folic acid urged for all young women.

All women of childbearing age should be taking a daily vitamin that has folic acid to drastically cut their risk of having a child with serious birth defects, the American Academy of Pediatrics advises." *USA Today* September 9, 1993

Center for Disease Control

"All women of childbearing age in the United States who are capable of becoming pregnant should consume .4mg of folic acid per day for the purpose of reducing their risk of having a pregnancy affected with spina bifida or other neural tube defects."
MMWR, September 11, 1992

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"Aspartame products definitely contribute to obesity, various visual symptoms, muscle spasms and weakness, and the aggravation of diabetes or its complications (neuropathy, retinopathy).

"I have found over 90 reactions due to aspartame-containing products in about 650 aspartame reactors. They are usually multiple and relatively specific for the individual on rechallenge. The problem is not necessarily large consumption, because some highly sensitive persons can experience intense headache or even a convulsion after as little as one stick of aspartame-sweetened gum.

"In my opinion, aspartame should not have been approved for human use, especially in view of the high incidence of brain tumors noted in experimental animals. I am even more concerned over this issue in view of the dramatic increase in brain tumors following the introduction of these products."

Diabetic Dilemma

Dear Dr. SerVaas:

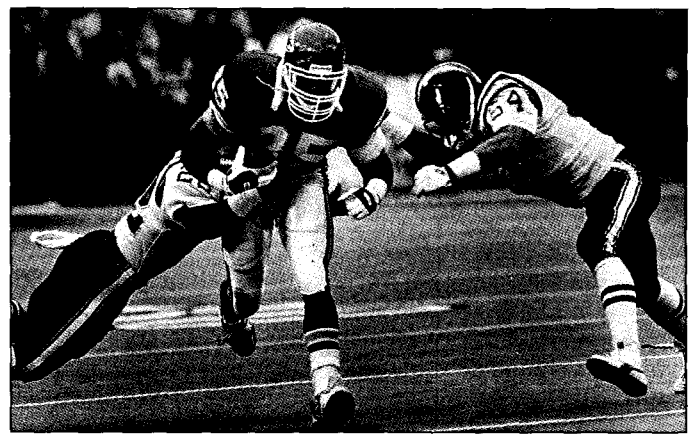
My father is a diabetic, yet he is always eating sweets. He says as long as his blood sugar isn't high enough to cause him to go into a coma, there's no reason to be concerned about it. Is that true?

Name and hometown withheld

It isn't true. Writing about control of his diabetes, Kansas City Chiefs tight end Jonathan Hayes says, "If I let up on managing my diabetes, not only will I lose my job and advantage of feeling good, I'll be in danger of losing my eyesight, losing my kidneys, losing a foot to amputation. Ultimately, if I yield to the temptation of not managing my diabetes, I'll lose my life." (From *Necessary Toughness,* by Jonathan Hayes with Robert L. Briggs.)

A landmark ten-year study by the National Institutes of Health, known as the Diabetes Control and Complications Trial (DCCT), agrees. It relates the tightness of blood sugar control directly to complications.

"Frankly, I'm surprised you ever made it this far."



Pro athlete Jonathan Hayes, tight end for the Kansas City Chiefs, knows that if he quits managing his diabetes, he could lose the game of life.

The patients in the "tight diabetes control" group kept their blood sugar close to normal by frequent blood sugar testing, several daily insulin shots, and lifestyle changes, including exercise and healthier eating. They had a 60 percent reduction in their risk for the development and progression of the diabetic complications of the eye, kidney, and nervous system.

However, tight control is not for everyone, particularly children who can develop severe low blood sugar that requires medical assistance. Control of diabetes requires the help of a healthcare team to individualize treatment.

Consuming large amounts of sweets is not considered standard control, but diet and exercise are. Blood sugar monitoring for an insulin-dependent diabetic should also be routine. Monitors like the Accu-Chek Easy, One Touch II, or Elite simplify the process. Not only do they read the glucose level, but some models memorize the reading. Lancet systems such as Soft Touch or Glucolet minimize the discomfort of the finger prick.

Jonathan Hayes writes, "I know that I am not invincible. Diabetes is a relentless opponent. But I have stared that opponent in the face; I have been stubborn enough not to let diabetes stop me from striving to reach my goals on and off the field."

More on Cat Scratch Disease

Dear Dr. SerVaas:

I recently read the article in the Nov./Dec. '93 "Medical Mailbox" regarding cat scratch disease.

I am very concerned about my husband. On March 26, 1993, he was mauled by a wild cat that had entered our house. Our dog spooked it and it went wild. Instead of opening the door, my husband caught it in his hands and threw it out. The cat was tearing up the curtains and the house, and my husband didn't think at 2:00 a.m. to open the door.

Anyway, his hand just seemed red. The next day it swelled, and he went to the emergency, since it was a Saturday. They had him come back on Sunday. He was treated both times with soaking his hands and a shot. He went to his own doctor on Monday. Since that time, he has suffered continuously.

It mauled his one hand badly, and they finally did surgery in May to remove a cyst in his hand from the

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For want of a nail, the shoe was lost. For want of a shoe, the horse was lost.

For want of a ***TOE GUARD***, the diabetic could lose a toe by amputation ...or a foot or a leg should an impossible-to-heal infection start in a toe, all because a toenail or the bone of a neighboring toe wore a sore through the skin. Foot infections in diabetics don't heal well, because they have poor circulation to the tiny arterioles that supply the blood in the extremities. Gangrene can set in and travel upwards if surgery isn't undertaken.

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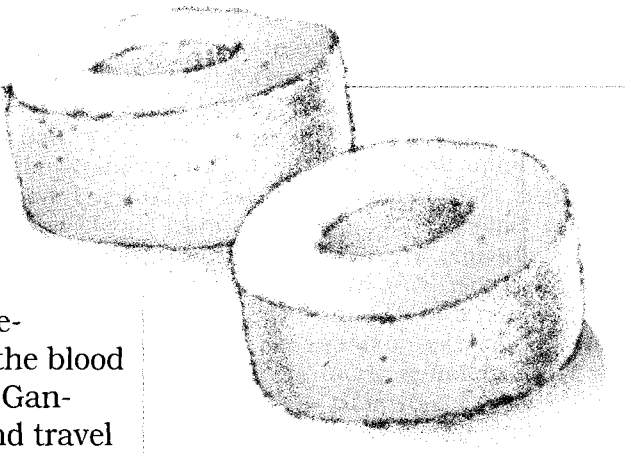

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attack. He has been going to the doctor all this time for antibiotics and has not felt well. My husband has always been in the best of health, so it really is a concern. His physical went fine, and his doctor said only that his iron was low in his blood.

He said he does not have any pain, but when the medication wears away, he gets a sensation that begins in his hand and seems to go through his whole body. He gets cold sweats and fever at times. I know, because I have felt him when he didn't look well.

His doctor, a general practitioner, has treated him all this time. Now he is being sent back to the orthopedic specialist who did the surgery, but I think it has to be more than orthopedic.

My husband is about at the end of his rope because he has been well most of his 47 years. He did have a bout with tuberculosis at age seven, and they watch his lungs for that now. He found out recently from an allergy test that he is mildly allergic to dogs and cats. We have had our cats and dogs for years, and he has never really been bothered. He took the allergy test because this year, he has also been severely bothered by allergies.

I didn't mean to make this a long letter, but he has not been himself. He comes home from work feverish and very tired, and many times wakes up the same way. He keeps going with his usual pace, even though he doesn't feel well.

Myndalee Hufferd
Reedley, California

Cryoablation for Prostate Cancer

Dear Dr. SerVaas:

I saw your *Saturday Evening Post* Prostate Prevention Unit giving free PSA tests in Texas. I didn't take time to have the test then, but later wished I had. When I started having symptoms, I discovered that my PSA was 29. Too high.

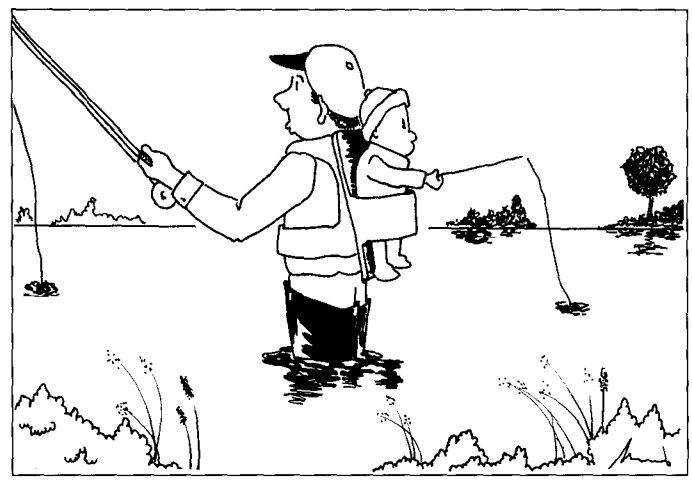
My brother has prostate cancer, and he told me he wants to have a new procedure called cryoablation. If it turns out that I have prostate cancer, is this something I should know about? What is cryoablation? Is it a new and better treatment?

Albert Johnson
Dallas, Texas

"That wasn't quite the diagnosis I had in mind."

We inquired about cryoablation by contacting an authority, Dr. Mark Austenfeld, who is a prostate cancer researcher at Kansas University. His letter explains the procedure so that you can draw your own conclusions:

"Cryoablation of the prostate is not a new concept. This FDA approval was done years ago when cryoablation was attempted for prostate cancer. Years ago, it was ineffective in completely clearing the prostate cancer and



thus abandoned. Only recently, because of improved technique of ultrasound, has cryoablation reemerged as a possible treatment for prostate cancer. No organized studies have been performed thus far to reevaluate this "new" therapy. No publications, to my knowledge, have addressed the current technique of cryoablation. Unfortunately, this is an example of an alternative therapy reaching the public marketplace before it is scientifically ready. We physicians are too often forced to provide certain therapies because of the promotion of the manufacturers. The public is marginally informed and is unable to make an educated decision.

"The truth is that most cryoablation is being done after radiation failure. Cryoablation may be an alternative for these patients in that they are not candidates for better definitive therapy, such as surgical removal. Another concern regarding cryoablation is the significant positive biopsy rate at only one year. Twenty percent failure at one year usually means significantly more failure at later years. The argument that re-treatment can be easily done after this failure is a poor defense of the procedure, in my opinion. No one wants to have his treatment fail, even though it can be easily redone.

"I am currently advising my patients to wait and allow this therapy to mature, such that the data may be published and an adequate and thorough review be performed. Until this takes place, patients will be continuing to receive this therapy on a trial basis. Many will fail, and some will neglect an opportunity for better definitive standard therapy. Although cryotherapy may find a place in the armamentarium of the physicians involved in treating prostate cancer, it is as now experimental and unproven. This is evidenced by the fact that most insurance companies will not pay for this therapy."

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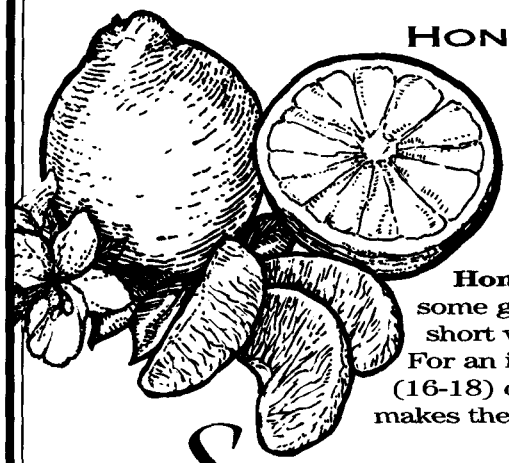

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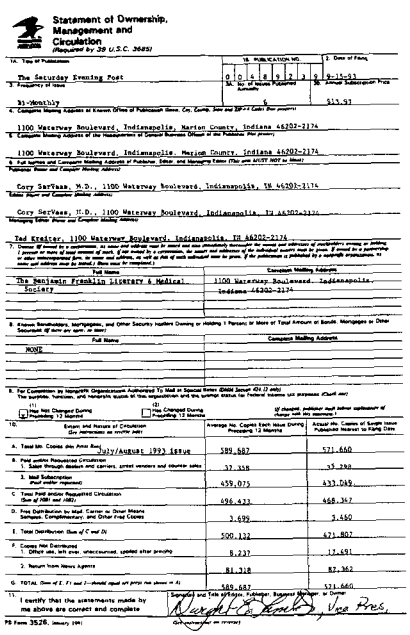
Losing Charlene

continued from page 84

outcome. We could see the hopelessness and despair in their faces, too. At that point, I think our family began to make peace with the fact that we were going to lose her. It was then, too, that I promised myself that I would do everything I could do to alleviate suffering among people I came in contact with during my life. I set myself on a course to pursue the field of medicine. I didn't have any designs on specializing in ulcerative colitis; I just wanted to enter medicine to realize a dream that Charlene would not be able to fulfill.

"Many times in the past several years, in my capacity as a physician's assistant, I have participated in the care of people with ulcerative colitis. And this always gives me an opportunity to talk with them about my sister, explore new avenues of pharmaceuticals, different types of techniques with diet, different counseling programs that might help.

"No single therapy takes care of ulcerative colitis and inflammatory bowel disease," he says. "Constant medical research is necessary to find new cures, new methods, new medications. In the meantime, the public needs information. That's why I always appreciate the opportunity to talk about my little sister." ❧



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E. Total Distribution (Sum of C and D)	3,690	3,460
F. Copies Not Distributed 1. Office use, left over, unaccounted, spoiled after printing	500,122	471,807
2. Return from News Agents	8,237	12,691
G. TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)	81,318	87,362
11. I certify that the statements made by me above are correct and complete	589,687	571,660

Signature and Title of Editor, Publisher, Business Manager, or Owner
Dwight C. Smith, Vice Pres.

PS Form 3526, January 1991

Where Do You Think You Are?

(answers from page 80)
(Theme: Cities with Winter in Their Names)

1. Winter Beach, FL
2. Winterville, OH
3. Winterset, IA
4. Winters, TX
5. Winterville, GA
6. Winter Park, NC
7. Winters, CA
8. Winter Harbor, ME
9. Winter Garden, FL

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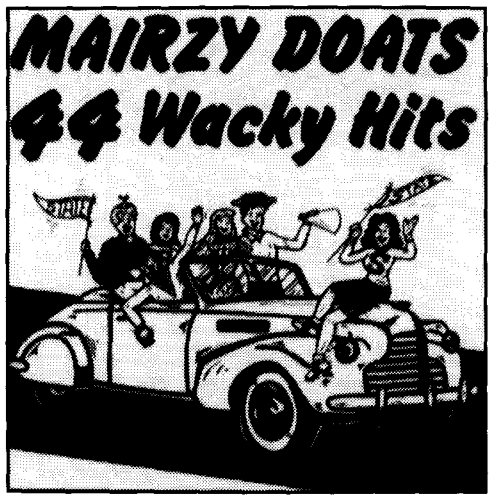

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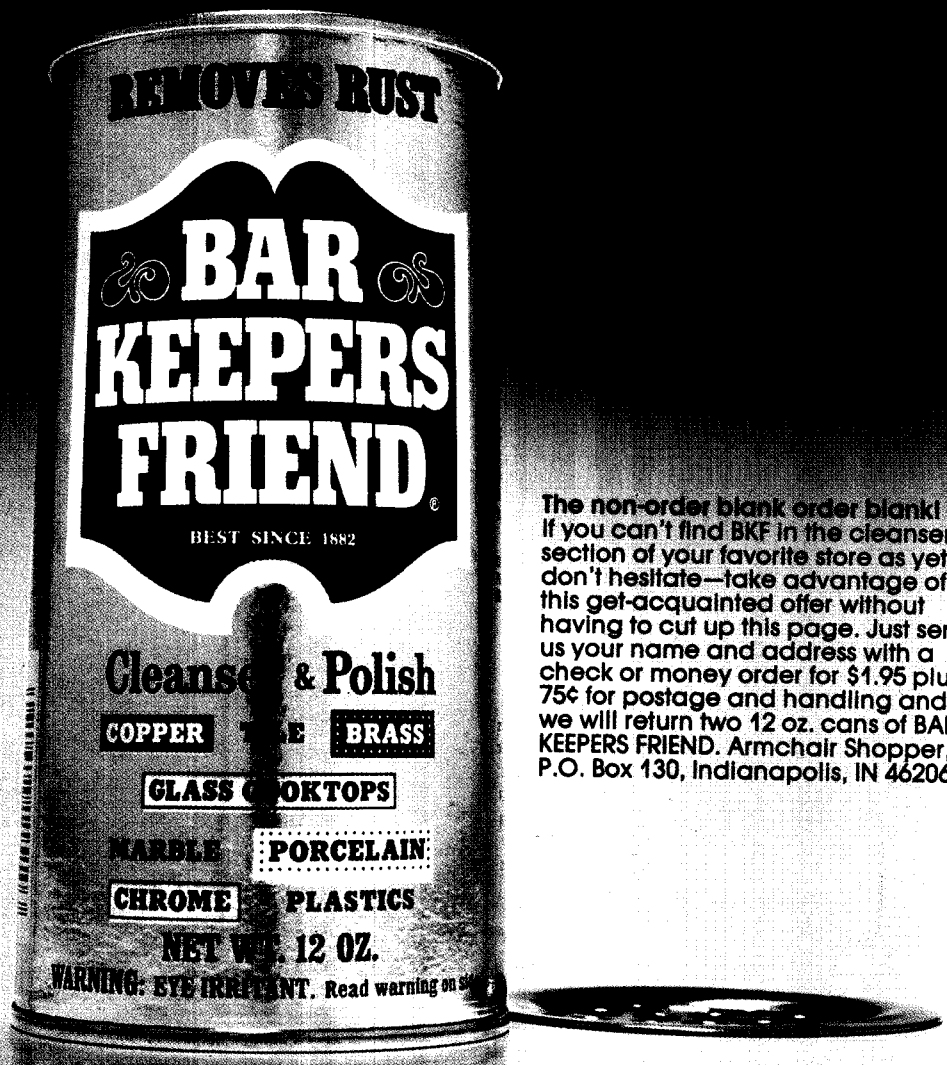

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